

| | | | |
|-----------------------------|--|------------------------|------------------------------|
| State: | District of Columbia | Filing Company: | Aetna Life Insurance Company |
| TOI/Sub-TOI: | H21 Health - Other/H21.000 Health - Other | | |
| Product Name: | DC ALIC SG SHOP 1Q14 | | |
| Project Name/Number: | DC ALIC Small Group SHOP Rate Manual 1/1/2014/ | | |

Rate Information

Rate data applies to filing.

| | |
|--|----------------|
| Filing Method: | Prior Approval |
| Rate Change Type: | Neutral |
| Overall Percentage of Last Rate Revision: | % |
| Effective Date of Last Rate Revision: | |
| Filing Method of Last Filing: | |

Company Rate Information

| Company Name: | Company Rate Change: | Overall % Indicated Change: | Overall % Rate Impact: | Written Premium Change for this Program: | # of Policy Holders Affected for this Program: | Written Premium for this Program: | Maximum % Change (where req'd): | Minimum % Change (where req'd): | |
|------------------------------|----------------------|-----------------------------|------------------------|--|--|-----------------------------------|---------------------------------|---------------------------------|-------|
| Aetna Life Insurance Company | New Product | 0.000% | 0.000% | \$0 | 0 | \$0 | 0.000% | 0.000% | |
| Product Type: | | HMO | PPO | EPO | POS | HSA | HDHP | FFS | Other |
| Covered Lives: | | | | | | | | | |
| Policy Holders: | | | | | | | | | |

State: District of Columbia **Filing Company:** Aetna Life Insurance Company
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: DC ALIC SG SHOP 1Q14
Project Name/Number: DC ALIC Small Group SHOP Rate Manual 1/1/2014/

Rate Review Detail

COMPANY:

Company Name: Aetna Life Insurance Company
HHS Issuer Id: 38234
Product Names: Aetna Preferred Provider Organization
Trend Factors:

FORMS:

New Policy Forms:

Affected Forms:

Other Affected Forms: "HIXGR-96791 01, HIXGR-96791-A1-NmeChng 01, HIXGR-96792-CR1-Dental 01, HIXGR-96792-CR1-NmeChng 01, HIXGR-96792-CR1 01, HIXGR-96792 01, G1HIXGR-96792-SB 01, G2HIXGR-96792-SB 01, G3HIXGR-96792-SB 01, S1HIXGR-96792-SB 01, S2HIXGR-96792-SB 01, B1HIXGR-96792-SB 01, GR-29N 01-01 - 10-05, GR-96814 01, GR-96814-CR1-NmeChng 01, GR-96814-CR1 01, G1GR-96814-SB 01, G2GR-96814-SB 01, G3GR-96814-SB 01, S1GR-96814-SB 01, S2GR-96814-SB 01, B1GR-96814-SB 01

REQUESTED RATE CHANGE INFORMATION:

Change Period: Other
Member Months: 0
Benefit Change: None
Percent Change Requested: Min: 0.0 Max: 0.0 Avg: 0.0

PRIOR RATE:

Total Earned Premium: 0.00
Total Incurred Claims: 0.00
Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

REQUESTED RATE:

Projected Earned Premium: 0.00
Projected Incurred Claims: 0.00
Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

SERFF Tracking #:

AETN-128972263

State Tracking #:

Company Tracking #:

DCALICSGSHOP0114

State: District of Columbia

Filing Company:

Aetna Life Insurance Company

TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other

Product Name: DC ALIC SG SHOP 1Q14

Project Name/Number: DC ALIC Small Group SHOP Rate Manual 1/1/2014/

Rate/Rule Schedule

| Item No. | Schedule Item Status | Document Name | Affected Form Numbers (Separated with commas) | Rate Action | Rate Action Information | Attachments |
|----------|----------------------|--|--|-------------|-------------------------|--|
| 1 | | DC SG Rate Manual - 1Q14 SHOP ALIC.pdf | "HIXGR-96791 01, HIXGR-96791-A1-NmeChng 01, HIXGR-96792-CR1-Dental 01, HIXGR-96792-CR1-NmeChng 01, HIXGR-96792-CR1 01, HIXGR-96792 01, G1HIXGR-96792-SB 01, G2HIXGR-96792-SB 01, G3HIXGR-96792-SB 01, S1HIXGR-96792-SB 01, S2HIXGR-96792-SB 01, B1HIXGR-96792-SB 01, GR-29N 01-01 - 10-05, GR-96814 01, GR-96814-CR1-NmeChng 01, GR-96814-CR1 01, G1GR-96814-SB 01, G2GR-96814-SB 01, G3GR-96814-SB 01, S1GR-96814-SB 01, S2GR-96814-SB 01, B1GR-96814-SB 01 | New | | DC_SG_77422_Rates (ALIC).xism, DC SG Rate Manual - 1Q14 SHOP ALIC.pdf, |
| 2 | | DC SG Rate Manual | | New | | DC_SG_77422_Rates (ALIC).zip, DC_SG_77422_Rates (ALIC) smaller file size.xlsx, |

| | | | | | |
|-----------------------------|--|--------------------------|------------------------------|----------------------------|------------------|
| SERFF Tracking #: | AETN-128972263 | State Tracking #: | | Company Tracking #: | DCALICSGSHOP0114 |
| <hr/> | | | | | |
| State: | District of Columbia | Filing Company: | Aetna Life Insurance Company | | |
| TOI/Sub-TOI: | H21 Health - Other/H21.000 Health - Other | | | | |
| Product Name: | DC ALIC SG SHOP 1Q14 | | | | |
| Project Name/Number: | DC ALIC Small Group SHOP Rate Manual 1/1/2014/ | | | | |

Attachment DC_SG_77422_Rates (ALIC).xlsm is not a PDF document and cannot be reproduced here.

Attachment DC_SG_77422_Rates (ALIC).zip is not a PDF document and cannot be reproduced here.

Attachment DC_SG_77422_Rates (ALIC) smaller file size.xlsx is not a PDF document and cannot be reproduced here.

District of Columbia Small Group Premium Rate Manual

The following steps are used to calculate premium rates. Rates are determined using the prescribed member build-up approach, with a cap of 3 dependent children. For each member, including only the 3 oldest dependent children under age 21, calculate the Member Rate as follows:

1. **Market Index Rate** – Starting premium rate.
2. **Member Age Factor** – Rate factor for each member Age.
3. **Plan Relativity Factor** – Rate factor for each unique plan design.

The product identifier will identify the plan. For each product identifier, there will be a plan relativity factor.

4. **Area Factor** - Rate factor to reflect differences in cost by geographic area.
DC has only one area, therefore the area factor is 1.000.
5. **Effective Date Factor** – Premium rate level adjustment factor to reflect differences in cost by effective date.
6. **Final Member Premium** (1 x 2 x 3 x 4 x 5 steps above)
Format will be the same as base rate table.

Add up the Member Rate for each covered member, subject to the dependent child cap, to determine the total premium for the policy.

Market Index Rate, Area, Tobacco and Effective Date Factor Tables

Rating Tables Effective 1/1/2014

| | |
|--------------------------|---------------|
| Market Index Rate | 352.15 |
|--------------------------|---------------|

Area Factor Table

| | |
|-------------|---------------------|
| Name | Area Factors |
| Washington | 1.0000 |

Effective Date Factor Table

| | |
|-------------------------|---------------|
| Effective Date | Factor |
| 01/01/2014 - 3/31/2014 | 1.0000 |
| 04/01/2014 - 6/30/2014 | 1.0185 |
| 07/01/2014 - 9/30/2014 | 1.0375 |
| 10/01/2014 - 12/31/2014 | 1.0570 |

Age Factor Table

| <u>Age</u> | <u>Factor</u> |
|-------------------|----------------------|
| <21 | 0.7270 |
| 21 | 0.7270 |
| 22 | 0.7270 |
| 23 | 0.7270 |
| 24 | 0.7270 |
| 25 | 0.7270 |
| 26 | 0.7270 |
| 27 | 0.7270 |
| 28 | 0.7270 |
| 29 | 0.7270 |
| 30 | 0.7270 |
| 31 | 0.7270 |
| 32 | 0.7270 |
| 33 | 0.7460 |
| 34 | 0.7750 |
| 35 | 0.8050 |
| 36 | 0.8360 |
| 37 | 0.8690 |
| 38 | 0.9030 |
| 39 | 0.9380 |
| 40 | 0.9750 |
| 41 | 1.0130 |
| 42 | 1.0530 |
| 43 | 1.0940 |
| 44 | 1.1370 |
| 45 | 1.1810 |
| 46 | 1.2270 |
| 47 | 1.2750 |
| 48 | 1.3250 |
| 49 | 1.3770 |
| 50 | 1.4310 |
| 51 | 1.4870 |
| 52 | 1.5450 |
| 53 | 1.6050 |
| 54 | 1.6680 |
| 55 | 1.7330 |
| 56 | 1.8010 |
| 57 | 1.8710 |
| 58 | 1.9440 |
| 59 | 2.0200 |
| 60 | 2.0990 |
| 61 | 2.1810 |
| 62 | 2.1810 |
| 63 | 2.1810 |
| 64 | 2.1810 |
| 65+ | 2.1810 |

Plan Relativity Factor Table

| Benefit Descriptions for PPO | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------|--------|---------------------------------|------------|------|----------------|---------|-------|------|---------|------|---------|----------------|-------|-----|-----|----------|-----|----------|------------------------------|----------------|---------|-------|---------------------|------------------------------|
| Actively Marketed Plans 01/01/14 | | | | | | | | | | | | | | | | | | | | | | | | |
| HIOS Plan ID | | | IN NETWORK | | | | | | | | | OUT OF NETWORK | | | | | | | PHARMACY | | | | Lifetime Maximum | Plan Relativity Factor |
| | | | Copayments | | | | | | | | | Copayments | | | | | | | Copayments | | | | | |
| | | | PCP | Spec | IP Hospital | OP Surg | ER | UC | | | | Ded | Coins | OOP | PCP | | | | Spec | IP Hospital | OP Surg | Ded | | |
| 77422DC0070001 / 77422DC0070002 | Bronze | DC Bronze OAMC 6350 | \$20 | 100% | 100% | 100% | 100% | 100% | \$6,350 | 100% | \$6,350 | 50% | 50% | 50% | 50% | \$12,700 | 50% | \$15,000 | 0% | 0% | 0% | N/A | Unlimited | 0.84980 |
| 77422DC0070005 / 77422DC0070006 | Gold | DC Gold OAMC 2000 70% | \$10 | \$30 | 70% | 70% | \$250 | \$60 | \$2,000 | 70% | \$4,500 | 50% | 50% | 50% | 50% | \$4,000 | 50% | \$9,000 | \$4 deductible waived | \$50 | 50% | \$500 | Unlimited | 1.26619 |
| 77422DC0070009 / 77422DC0070010 | Gold | DC Gold OAMC 70 50 | \$30 | \$50 | 70% | 70% | \$300 | \$75 | \$0 | 70% | \$5,000 | 50% | 50% | 50% | 50% | \$5,000 | 50% | \$10,000 | \$15 | \$50 | \$100 | N/A | Unlimited | 1.48373 |
| 77422DC0070013 / 77422DC0070014 | Gold | DC Gold OAMC 90 50 | \$30 | \$50 | 90% | 90% | \$300 | \$75 | \$0 | 90% | \$5,000 | 50% | 50% | 50% | 50% | \$5,000 | 50% | \$10,000 | \$15 | \$50 | \$100 | N/A | Unlimited | 1.57466 |
| 77422DC0070021 / 77422DC0070022 | Silver | DC Silver OAMC 5000 70% | \$30 | \$60 | 70% | 70% | \$400 | \$60 | \$5,000 | 70% | \$6,350 | 50% | 50% | 50% | 50% | \$10,000 | 50% | \$12,700 | \$10 deductible waived | \$60 | 50% | \$500 | Unlimited | 1.05103 |
| 77422DC0070017 / 77422DC0070018 | Silver | DC Silver OAMC 2000 90 50 HSA | 90% | 90% | 90% | 90% | 90% | 90% | \$2,000 | 90% | \$6,250 | 50% | 50% | 50% | 50% | \$5,000 | 50% | \$10,000 | \$15 | \$50 | \$100 | N/A | Unlimited | 1.18883 |
| 77422DC0070003 / 77422DC0070004 | Bronze | DC Bronze OAMC 6350 RE | \$20 | 100% | 100% | 100% | 100% | 100% | \$6,350 | 100% | \$6,350 | 50% | 50% | 50% | 50% | \$12,700 | 50% | \$15,000 | 0% | 0% | 0% | N/A | Unlimited | 0.84354 |
| 77422DC0070007 / 77422DC0070008 | Gold | DC Gold OAMC 2000 70% RE | \$10 | \$30 | 70% | 70% | \$250 | \$60 | \$2,000 | 70% | \$4,500 | 50% | 50% | 50% | 50% | \$4,000 | 50% | \$9,000 | \$4 deductible waived | \$50 | 50% | \$500 | Unlimited | 1.24874 |
| 77422DC0070011 / 77422DC0070012 | Gold | DC Gold OAMC 70 50 RE | \$30 | \$50 | 70% | 70% | \$300 | \$75 | \$0 | 70% | \$5,000 | 50% | 50% | 50% | 50% | \$5,000 | 50% | \$10,000 | \$15 | \$50 | \$100 | N/A | Unlimited | 1.45999 |
| 77422DC0070015 / 77422DC0070016 | Gold | DC Gold OAMC 90 50 RE | \$30 | \$50 | 90% | 90% | \$300 | \$75 | \$0 | 90% | \$5,000 | 50% | 50% | 50% | 50% | \$5,000 | 50% | \$10,000 | \$15 | \$50 | \$100 | N/A | Unlimited | 1.55091 |
| 77422DC0070023 / 77422DC0070024 | Silver | DC Silver OAMC 5000 70% RE | \$30 | \$60 | 70% | 70% | \$400 | \$60 | \$5,000 | 70% | \$6,350 | 50% | 50% | 50% | 50% | \$10,000 | 50% | \$12,700 | \$10 deductible waived | \$60 | 50% | \$500 | Unlimited | 1.02874 |
| 77422DC0070019 / 77422DC0070020 | Silver | DCSilver OAMC 2000 90 50 HSA RE | 90% | 90% | 90% | 90% | 90% | 90% | \$2,000 | 90% | \$6,250 | 50% | 50% | 50% | 50% | \$5,000 | 50% | \$10,000 | \$15 | \$50 | \$100 | N/A | Unlimited | 1.16751 |

Note:
This table includes unique HIOS Plan IDs for various benefit plan feature combinations, with only the major benefit categories illustrated. Additional benefit plan features apply, e.g. Rx features and mandated offers, are taken into account when determining the Plan Relativity Factor.
"RE" indicates plans with a Religious Exemption option.

| | | | |
|-----------------------------|--|------------------------|------------------------------|
| State: | District of Columbia | Filing Company: | Aetna Life Insurance Company |
| TOI/Sub-TOI: | H21 Health - Other/H21.000 Health - Other | | |
| Product Name: | DC ALIC SG SHOP 1Q14 | | |
| Project Name/Number: | DC ALIC Small Group SHOP Rate Manual 1/1/2014/ | | |

Supporting Document Schedules

| | |
|--------------------------|---|
| Satisfied - Item: | Cover Letter All Filings |
| Comments: | Attached, please find the 1Q14 District of Columbia Small Group rate filing cover letter for Aetna Life Insurance Company |
| Attachment(s): | DC SG SHOP Cover - ALIC 1Q14.pdf |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|--------------------------------------|
| Bypassed - Item: | Certificate of Authority to File |
| Bypass Reason: | Filing is being made by the insurer. |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|---|
| Satisfied - Item: | Actuarial Memorandum |
| Comments: | Attached, please find the 1Q14 District of Columbia Small Group rate filing submission for Aetna Life Insurance Company The attachment in this section includes, a Rate Filing Checklist and an Actuarial Memorandum (with Actuarial Certification and supporting documentation). |
| Attachment(s): | 1Q14 DC SG SHOP ALIC Actuarial Memorandum plus.pdf |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|---|
| Bypassed - Item: | Actuarial Justification |
| Bypass Reason: | Please see Actuarial Certification in the Actuarial Memorandum Section. |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|--|
| Bypassed - Item: | District of Columbia and Countrywide Loss Ratio Analysis (P&C) |
| Bypass Reason: | This filing is not a Property and Casualty filing. |
| Attachment(s): | |
| Item Status: | |

| | | | |
|-----------------------------|--|------------------------|------------------------------|
| State: | District of Columbia | Filing Company: | Aetna Life Insurance Company |
| TOI/Sub-TOI: | H21 Health - Other/H21.000 Health - Other | | |
| Product Name: | DC ALIC SG SHOP 1Q14 | | |
| Project Name/Number: | DC ALIC Small Group SHOP Rate Manual 1/1/2014/ | | |

| | |
|--------------------------|---|
| Status Date: | |
| Bypassed - Item: | District of Columbia and Countrywide Experience for the Last 5 Years (P&C) |
| Bypass Reason: | This filing is not a Property and Casualty filing. |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |
| Bypassed - Item: | Consumer Disclosure Form |
| Bypass Reason: | The proposed rate action for the filing is below the "subject to review" threshold |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |
| Satisfied - Item: | Actuarial Memorandum and Certifications |
| Comments: | Attached please find the URRT Part III Memo for Aetna Life Insurance Company for DC Small Group. |
| Attachment(s): | URRT Part III SG PPO - DC.pdf |
| Item Status: | |
| Status Date: | |
| Satisfied - Item: | Unified Rate Review Template |
| Comments: | Attached please find the Unified Rate Review Template for Aetna Life Insurance Company for DC Small Group. Also please find the DC ALIC AV Input Chart. |
| Attachment(s): | Unified_Rate_Review_Template_DC_SG_PPO_VALUE.xlsm DC ALIC AV Input Chart_PPO_v1_Values.pdf |
| Item Status: | |
| Status Date: | |

| | | | | | |
|-----------------------------|--|--------------------------|------------------------------|----------------------------|------------------|
| SERFF Tracking #: | AETN-128972263 | State Tracking #: | | Company Tracking #: | DCALICSGSHOP0114 |
| <hr/> | | | | | |
| State: | District of Columbia | Filing Company: | Aetna Life Insurance Company | | |
| TOI/Sub-TOI: | H21 Health - Other/H21.000 Health - Other | | | | |
| Product Name: | DC ALIC SG SHOP 1Q14 | | | | |
| Project Name/Number: | DC ALIC Small Group SHOP Rate Manual 1/1/2014/ | | | | |

Attachment Unified_Rate_Review_Template_DC_SG_PPO_VALUE.xlsx is not a PDF document and cannot be reproduced here.



980 Jolly Road
Mail Code U12S
Blue Bell, PA 19422
(215)-775-2717
Fax: (215)-775-6441

May 30, 2013

Mr. Efren Tanheco
[Supervising Actuary](#)
District of Columbia Department of Insurance & Securities Regulation
810 First Street NE, 6th Floor
Washington, DC 20002

Subject: Aetna Life Insurance Company - NAIC Number 60054
Small Group Premium Rate Filing – DC On and Off Exchange
[DCALICSGSHOP1Q14](#)
Effective dates [January 1, 2014 – December 31, 2014](#)
Forms: Form numbers are attached

Dear Mr. Tanheco:

I am writing to request approval of the attached Initial Rate Filing of the Aetna Life Insurance Company DC On and Off Exchange rate manual. This filing is for effective dates [January 1, 2014 – December 31, 2014](#). This filing contains the benefit plans and rating methodology for participation in the DC On and Off Exchange [beginning January 1, 2014](#).

The plans contained within this submission are new benefit plans and therefore do not affect current DC policyholders. The requested rates have been developed incorporating consideration of the market changes and rating requirements taking effect in the Small Group Market and conforms to the benefit plan provisions required by the Patient Protection and Affordable Care Act (P.L. 111-148) of 2010.

The following supporting documentation is also included:

- DC Rate Filing Checklist
- An Actuarial Memorandum including supporting exhibits, documentation and Actuarial Certification
- NAIC Transmittal Form

The On Exchange forms filing has been submitted under separate cover and the SERFF Filing ID # is AETN-129023712. The Off Exchange forms filing will be submitted shortly under separate cover and the Tracker SERFF # is AENX-G129050884. The marketing names of the products are as follows:

| | |
|-------------------------------|----------------------------------|
| DC Bronze OAMC 6350 | DC Bronze OAMC 6350 RE |
| DC Gold OAMC 2000 70% | DC Gold OAMC 2000 70% RE |
| DC Gold OAMC 70/50 | DC Gold OAMC 70/50 RE |
| DC Gold OAMC 90/50 | DC Gold OAMC 90/50 RE |
| DC Silver OAMC 5000 70% | DC Silver OAMC 2000 90/50 HSA RE |
| DC Silver OAMC 2000 90/50 HSA | DC Silver OAMC 5000 70% RE |

The purpose of this rate filing is to comply with regulatory rate filing requirements. This filing is not intended to be used for other purposes. . If you need additional information, please contact me by telephone at (215) 775-2717, or via e-mail at CasaleFM@aetna.com.

Sincerely,

Frances Casale
Commercial Business Actuarial
Southeast Region

Aetna Life Insurance Company
District of Columbia

DC Small Group PPO On-Exchange forms (SERFF Filing ID # AETN-129023712):

Policy: HIXGR-96791 01

Policy Amendment: HIXGR-96791-A1-NmeChng 01

Booklet-Certificate: HIXGR-96792 01

Booklet-Certificate Amendment: HIXGR-96792-CR1-Dental 01

Booklet-Certificate Amendment: HIXGR-96792-CR1-NmeChng 01

Booklet-Certificate Amendment: HIXGR-96792-CR1 01

Schedule of Benefits: G1HIXGR-96792-SB 01

Schedule of Benefits: G2HIXGR-96792-SB 01

Schedule of Benefits: G3HIXGR-96792-SB 01

Schedule of Benefits: S1HIXGR-96792-SB 01

Schedule of Benefits: S2HIXGR-96792-SB 01

Schedule of Benefits: B1HIXGR-96792-SB 01

DC Small Group PPO Off-Exchange forms (Tracker SERFF# AENX-G129050884):

Policy: GR-29N 01-01 – 10-05

Booklet-Certificate: GR-96814 01

Booklet-Certificate Amendment: GR-96814-CR1-NmeChng 01

Booklet-Certificate Amendment: GR-96814-CR1 01

Schedule of Benefits: G1GR-96814-SB 01

Schedule of Benefits: G2GR-96814-SB 01

Schedule of Benefits: G3GR-96814-SB 01

Schedule of Benefits: S1GR-96814-SB 01


Schedule of Benefits: S2GR-96814-SB 01

Schedule of Benefits: B1GR-96814-SB 01

Life, Accident & Health, Annuity, Credit Transmittal Document

| | | | | | | | |
|------------|---|---|-----------------------------|-----------------------|-----------------------|---------------|----------------|
| 1. | Prepared for the State of | District of Columbia | | | | | |
| 2. | Department Use Only | | | | | | |
| | State Tracking ID | | | | | | |
| | | | | | | | |
| 3. | Insurer Name & Address | Domicile | Insurer License Type | NAIC Group # | NAIC # | FEIN # | State # |
| | Aetna Life Insurance Company 151 Farmington Ave. Hartford, CT 06156 | CT | Accident & Health | 0001 | 60054 | | |
| 4. | Contact Name & Address | Telephone # | Fax # | | E-mail Address | | |
| | Frances Casale 980 Jolly Road Blue Bell PA 19422 | 215-775-2717 | 215-775-6441 | | CasaleFM@Aetna.com | | |
| 5. | Requested Filing Mode | <input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____ | | | | | |
| 6. | Company Tracking Number | DCALICSGSHOP1Q14 | | | | | |
| 7. | X New Submission | <input type="checkbox"/> Resubmission | | Previous file # _____ | | | |
| 8. | Market | <input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Group </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div> | | | | | |
| 9. | Type of Insurance | H21 Health - Other | | | | | |
| 10. | Product Coding Matrix Filing Code | H21.000 Health - Other | | | | | |
| 11. | Submitted Documents | <input type="checkbox"/> <u>FORMS</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div style="width: 30%;"> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div style="width: 30%;"> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <u>Rates</u> <input checked="" type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum </div> <div style="width: 45%;"> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div> <input checked="" type="checkbox"/> Other DC ALIC SG SHOP 1Q14 Rate Manual & Actuarial Certification | | | | | |

| | | |
|-----|---|--|
| 12. | Filing Submission Date | 5/30/2013 |
| 13 | Filing Fee (If required) | Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____ |
| 14. | Date of Domiciliary Approval | |
| 15. | Filing Description: | |
| | This filing is for effective dates January 1, 2014 – December 31, 2014 . This rate filing conforms to the benefit plan provisions required by the Patient Protection and Affordable Care Act (P.L. 111-148) of 2010. | |

| | | |
|--|------------------------------------|----------------------------------|
| 16. | Certification (If required) | |
| I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____. | | |
| Print Name Frances Casale | | Title Actuarial Team Lead |
| Signature  | | Date: 5/30/13 |

| | | |
|---|-------------------------------|------------|
| 17. | Form Filing Attachment | |
| This filing transmittal is part of company tracking number | | N/A |
| This filing corresponds to rate filing company tracking number | | N/A |

| | Document Name | Form Number | | Replaced Form Number |
|----|----------------------|--------------------|--|-------------------------------------|
| | Description | | | Previous State Filing Number |
| 01 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 02 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 03 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 04 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 05 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 06 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 07 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 08 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 09 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |
| 10 | | | <input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____ | |
| | | | | |

LH FFA-1

| | | | | |
|---|-------------------------------|------------------------------|---|-------------------------------------|
| 18. | Rate Filing Attachment | | | |
| This filing transmittal is part of company tracking number | | | DCALICSGSHOP1Q14 | |
| This filing corresponds to form filing company tracking number | | | | |
| Overall percentage rate indication (when applicable) | | | N/A | |
| Overall percentage rate impact for this filing | | | New | |
| | Document Name | Affected Form Numbers | | Previous State Filing Number |
| | Description | | | |
| 01 | Policy | HIXGR-96791 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |
| 02 | Policy Amendment | HIXGR-96791-A1-NmeChng 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |
| 03 | Booklet-Certificate Amendment | HIXGR-96792-CR1-Dental 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |
| 04 | Booklet-Certificate Amendment | HIXGR-96792-CR1-NmeChng 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |
| 05 | Booklet-Certificate Amendment | HIXGR-96792-CR1 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |
| 06 | Booklet - Certificate | HIXGR-96792 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |
| 07 | Schedule Gold Plan | G1HIXGR-96792-SB 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |
| 08 | Schedule Gold Plan | G2HIXGR-96792-SB 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |
| 09 | Schedule Gold Plan | G3HIXGR-96792-SB 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |
| 10 | Schedule Silver Plan | S1HIXGR-96792-SB 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |
| 11 | Schedule Silver Plan | S2HIXGR-96792-SB 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |

| | | | | |
|----|-------------------------------|-------------------------|--|--|
| 12 | Schedule Bronze Plan | B1HIXGR-96792-SB 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |
| 13 | Policy | GR-29N | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |
| 14 | Policy Amendment | GR-96814 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |
| 15 | Booklet-Certificate Amendment | GR-96814-CR1-NmeChng 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |
| 16 | Booklet-Certificate Amendment | GR-96814-CR1 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |
| 17 | Schedule Gold Plan | G1GR-96814-SB 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |
| 18 | Schedule Gold Plan | G2GR-96814-SB 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |
| 19 | Schedule Gold Plan | G3GR-96814-SB 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |
| 20 | Schedule Silver Plan | S1GR-96814-SB 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |
| 21 | Schedule Silver Plan | S2GR-96814-SB 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |
| 22 | Schedule Bronze Plan | B1GR-96814-SB 01 | X New <input type="checkbox"/> Revised <input type="checkbox"/> Other | |

Aetna Life Insurance Company

Rate Filing Check List

Filing # AETN-128972263

HIOS Product ID: 77422DC007

Policy Forms: HIXGR-96791 01 et al.

Small Group PPO Medical Expense Benefit Plans

Based on the DC Health Benefit Exchange Authority, Health Insurance Rate Filing Requirements, below is the check list for our rate filing.

1. Cover Letter

Please see attached Cover Letter.

2. For Renewal Filings, One Page Consumer Summary

This is not a renewal filing. It is the new rate filing for new ACA products effective 1/1/14. So it is not applicable for this rate filing.

3. Actuarial Memorandum

A. Description of Benefits

This filing covers PPO group medical benefit coverage. The range of coverage includes inpatient, outpatient, primary care, specialist services, pharmacy, DME and vision. All benefits are compliant with state mandates and the requirements of the Patient Protection and Affordable Care Act (P.L. 111-148) of 2010, including preventive care benefits, deductible limits, and Actuarial Value requirements. Please refer to the referenced policy forms for detailed benefit language.

The Aetna Life Insurance Company – DC Small Group Business Rate Manual included in this rate filing, contains worksheets and instructions for calculating the premium rates for the benefit plans available from Aetna Life Insurance Company (ALIC). The metal level and actuarial value for each plan design was determined using the AV calculator developed and made available by HHS.

Rates in this filing were developed assuming that the District of Columbia would expand Medicaid coverage. The age curve used in DC is the age curve from Appendix A of the DC Exchange Carrier Reference Manual. Aetna does not consider the District of Columbia experience alone to be credible. In order to obtain sufficient credibility, the State of Virginia and District of Columbia experience combine was considered in developing the index rate. As further guidance and information is received, we reserve the right to submit revisions to these assumptions.

B. Issue Age Range

Policies will be issued to small groups with members of all ages.

C. Marketing Method

These plans will be made available through the District of Columbia Health Benefit Exchange. Aetna uses brokers as well as internal sales staff to market our small group benefit plans.

D. Premium Basis

Rates are determined using the prescribed member build-up approach, with a cap of 3 dependent children under age 21. For each member, including only the 3 oldest dependent children under age 21, the Member Rate is calculated as Market Index Rate * Age Factor * Area Factor * Plan Factor. The Member Rate for each covered member, subject to the dependent child cap, is added together to determine the total premium for the policy.

E. Nature of Rate Change and Proposed Rate/Methodology Change

This is the Initial Filing. No changes are proposed.

F. For Each Change, Indication if New or Modified

This is the Initial Filing. No changes are proposed.

G. For Each Change Comparison to Status Quo

This is the Initial Filing. No changes are proposed.

H. Summary of How Each Proposed Modification Differs from Corresponding Current/Approved Rate/Methodology

This is the Initial Filing. No changes are proposed.

I. Annual Rate Change for DC Policyholders

This is the Initial Filing. No changes are proposed.

J. Base Period Experience

- i. The base experience period used is from 11/1/2011 to 10/31/2012 and paid through 12/31/2012.
- ii. In order to obtain sufficient credibility, and due to the merge of the individual and small group pool, the base period experience used is the grandfathered and non-

grandfathered ALIC Individual business and the non-grandfathered small group business in the District of Columbia and State of Virginia markets of Aetna Life Insurance Company (ALIC). We have no grandfathered experience for ALIC small group.

iii. IBNR reserves represent 3.2% of the experience period claims.

iv. No adjustments were made for large claims.

K. Projected Base Period Experience

- i. Demonstrate and support each adjustment made to the base period experience for removal of claims for services covered during the base period that are not an essential health benefit; addition of cost for services not covered during the base period, that represent essential health benefits required to be covered during the projection period.**

First, one index plan was chosen for each segment and assigned a factor of 1.0. The one index plan forms the basis of the benefit plan normalization factor development and hence was used as the reference point for developing the adjustment factor used to adjust claims to a consistent level as those expected for the Silver Anchor Plan. Then the cost of Silver Anchor Plan is divided by a factor of 0.7 to obtain the cost of 100% AV plan.

Please see the Exhibit B and Addendum I – “DC Individual and Small Group PPO Index Rate Development” Line 3b and 3c in the Actuarial Memorandum for more details.

- ii. Describe and provide support for the development of each of the following projection factors applied to the base period:**

- 1. Medical and prescription drug trends including a description of the methodology used for calculating, data relied upon, and all adjustments made to the data and quantitative support.**

Please see Addendum III – “DC Market PPO Trend Development” in the Actuarial Memorandum.

- 2. Projected changes in the underlying demographics of the population anticipated to be insured in the merged individual and small group pool, including a description of the factors used to adjust the base period experience.**

Please see Addendum II – “DC Guaranteed Issue and Modified Community Rating Development” in the Actuarial Memorandum.

- 3. Projected changes in the average morbidity of the population anticipated to be insured in the merged individual and small group**

pool, including but not limited to the separately identifying the impact of guaranteed issue, premium and cost sharing subsidies, a mandate that most individuals obtain coverage, pent-up demand, and termination of current high risk pools.

Please see Addendum II – “DC Guaranteed Issue and Modified Community Rating Development” in the Actuarial Memorandum.

4. The impact on the utilization due to projected changes in average cost sharing in force across the merged individual and small group pool.

No adjustment is made on the impact on the utilization.

L. Manual Rate Development

Please see Addendum I – “DC Individual and Small Group PPO Market Index Rate Development” and Exhibit B.

M. Credibility

DC experience was combined with State of Virginia experience, which we used with 100% credibility.

N. Projected Index Rate

- i. The index rate represents the average allowed claim cost per member per month for coverage of essential health benefits for the market, prior to adjustment for payments and charges under the risk adjustment and transitional reinsurance programs, as defined by 45 CFR 156.80(d).
- ii. Paid claims were used as the basis for developing the index rate. We assumed paid claims to allowed assuming that paid comprised 70% of allowed claims.
- iii. We assumed 100% credibility.
- iv. Currently, Aetna Life Insurance Company has 70% membership in the individual market and has 30% membership in the small group market in DC. Due to the merge of the individual and small group pool, we expected 50% of current small group members will migrate to individual market. So the expected distribution of membership of individual and small group will be 85% and 15%, respectively.

O. Market-wide Adjustments to the Index Rate

i. Support for the market-wide risk transfer payment/charge assumed.

Aetna is applying for QHP certification on these plans in DC in order to benefit from risk program. We have assumed a neutral position for the risk program with zero payments and receipts.

ii. Support for the market-wide adjustment for assessments and recoveries under the transitional reinsurance program.

For the small group market, it is correct to assume that there will be no benefits to Aetna from the transitional reinsurance program.

iii. The amount of any federal or District of Columbia Exchange user fees PMPM.

No Exchange user fees have been included to develop the index rate.

P. Plan Level Adjustments to the Index Rate

i. Adjustments to reflect the actuarial value and cost sharing design of each plan.

Please see the “Description of Benefits” section in the Actuarial Memorandum and the attached Exhibit A.

ii. Support for any differences at the plan level due to provider network, delivery system characteristics, and utilization management practices.

The estimated claim impact associated with the restructuring of our network arrangements was determined by repricing state-specific claims experience for the commercial medical products issued by Aetna Life Insurance Company for all fully insured market segments - Large Group, Small Group, and Individual - using the revised/renegotiated fee schedules applicable to participating facilities and providers. Claim repricing also considered changes to network composition including such changes as tiering of participating facilities and providers. Additionally, the estimated impact on voluntary claims incurred through non-participating facilities and providers is based on reduced reimbursement levels, as allowable by state regulations. For purposes of determining the projected savings amount, the distribution of paid claims is based on Aetna Life Insurance Company state-specific Small Group experience. The final claim impact assumption was developed as the weighted average expected savings by category.

iii. Support for additional costs added for benefits provided that are in addition to essential health benefits.

The EHB Adjustment was developed to reflect the impact of state-specific EHB limits relative to a nationally-defined silver anchor plan with an actuarial value of approximately 70.0%, as determined using the federal actuarial value calculator. The impact was measured using a proprietary pricing model which

relies on product-specific benefit/service category weights and rating factors for various levels of plan/member cost-sharing options for deductibles, coinsurance, out-of-pocket maximums, copays, etc. Product-specific category weights were developed with reliance on national experience associated with Aetna's Small Group block of business. Cost-sharing-specific factors were developed using national experience associated with Aetna's Large Group block of business which excludes the effects of selection.

The EHB adjustment was developed by applying the state-specific medical/Rx claim distribution to the total medical impact and total Rx impact.

Please see the Exhibit B Line 9 and Addendum I – “DC Individual and Small Group PPO Market Index Rate Development” in the Actuarial Memorandum for more details.

iv. The expected impact of the specific eligibility categories for a catastrophic plan offered in the individual market.

Not applicable

Q. Non-Benefit Expenses

Please see the “Determination of Retention Portion of Market Index Rate” section in the Actuarial Memorandum.

R. Filed Loss Ratio

A target medical loss ratio (claims divided by premium) of 74.2% was used to price the rates in the filing. This is expected to produce a Loss Ratio with Federal adjustments above 80%, excluding any credibility adjustments.

Please see the “Medical Loss Ratio” section in the Actuarial Memorandum.

S. Actuarial Certification

Please see the “Actuarial Certification” section in the Actuarial Memorandum.

T. District of Columbia Loss Ratio Analysis

- i. Evaluation Period**
- ii. Earned Premium**
- iii. Claims**
- iv. Number of Claims**

Please see Addendum IV – “Experience Data and Past Rate Change History” in the Actuarial Memorandum.

v. Loss Development Factors

Please see Addendum I – “DC Individual and Small Group PPO Market Index Rate Development” in the Actuarial Memorandum.

vi. Loss Ratio Demonstration

Please see the “Medical Loss Ratio” section in the Actuarial Memorandum.

vii. Permissible Loss Ratio

Please see the “Determination of Retention Portion of Market Index Rate” section in the Actuarial Memorandum.

viii. Credibility Analysis

Please see Addendum IV – “Experience Data and Past Rate Change History” in the Actuarial Memorandum.

ix. Determination of Overall Annual Rate Change

Not applicable, since this is the new product filing.

U. District of Columbia and Countrywide Experience

i. Earned Premium

ii. Number of Contracts/Policyholders

iii. History of Past Rate Changes

Please see Addendum IV – “Experience Data and Past Rate Change History” in the Actuarial Memorandum.

4. Rate Table

Please see attached District of Columbia Small Group rate table.

Aetna Life Insurance Company
Actuarial Memorandum
Filing # AETN-128972263
HIOS Product ID: 77422DC007
Policy Forms: HIXGR-96791 01et al.
Comprehensive Small Group PPO Medical Expense Benefit Plans

Purpose, Scope and Proposed Effective Date

The purpose of this filing is to request approval of monthly premium rates for the above-listed new policy forms for use beginning January 1, 2014 in the District of Columbia. The requested rates have been developed incorporating consideration of the market changes and rating requirements for the Group markets pursuant to the Patient Protection and Affordable Care Act of 2010 (PPACA) and subsequent regulation. They are compliant with all rating guidelines under federal and state regulation. The underlying benefit plans on the above listed new policy forms will be issued via the District of Columbia Health Benefit Exchange (DC HBX). The SERFF number for the On Exchange form filing is AETN-129023712. The Tracker SERFF number for the Off Exchange form filing is AENX-G129050884.

The descriptions and analysis presented in this rate filing reflect our understanding of regulations and guidance issued prior to May 15, 2013. As further guidance is received, we reserve the right to submit revisions to these assumptions.

Description of Benefits

This filing covers PPO group medical benefit coverage. The range of coverage includes inpatient, outpatient, primary care, specialist services, pharmacy, DME and vision. All benefits are compliant with state mandates and the requirements of the Patient Protection and Affordable Care Act (P.L. 111-148) of 2010, including preventive care benefits, deductible limits, and Actuarial Value requirements. Please refer to the referenced policy forms for detailed benefit language.

The Aetna Life Insurance Company – DC Small Group Business Rate Manual included in this rate filing, contains worksheets and instructions for calculating the premium rates for the benefit plans available from Aetna Life Insurance Company (ALIC). The metal level and actuarial value for each plan design was determined using the AV calculator developed and made available by HHS.

Rates in this filing were developed assuming that the District of Columbia would expand Medicaid coverage. The individual and small group market experience will be combined to establish a common rate but for Federal MLR purposes the individual and small group markets will remain separate in the District. The age curve used in DC is the age curve from Appendix A of the DC Exchange Carrier Reference Manual. Aetna does not consider the District of Columbia experience alone to be credible. In order to obtain sufficient credibility, the State of Virginia and District of Columbia experience combine was considered in developing the index

rate. As further guidance and information is received, we reserve the right to submit revisions to these assumptions.

Applicability

These rates are intended for new business beginning 1/1/2014.

Renewability Clause

This policy is guaranteed renewable as required under §2703 of the Public Health Service Act.

Determination of Claim Portion of Market Index Rate

DC Health Benefit Exchange Authority requires that individual and small group experience be merged into a single risk pool for rating purpose in the District of Columbia. We develop our index rate based on this requirement.

In setting the projected claim level in the market in 2014, the projections are based upon the experience of the current Individual and Small Group PPO business in the District of Columbia and State of Virginia markets of Aetna Life Insurance Company (ALIC). First the existing experience claims are normalized. Then an adjustment was made for the difference between the current average benefit level and the anchor silver plan. Finally, we apply a factor of 0.70 to convert the Silver Plan to an Allowed Cost PMPM of 100% actuarial value.

Aetna then applied medical cost trend to project the allowed claims from the experience period to the 2014 rating period. The trend assumption is 9.3%.

Aetna included the expected impact of reducing unit costs due to re-contracting efforts with the physicians and medical providers in DC. Based on these efforts, Aetna is expecting a 7.69% reduction in medical costs.

Aetna adjusted costs for the impact of guaranteed issue and community rating. The removal of health status underwriting will result in relatively higher rates for groups with lower health care costs, and relatively lower rates for groups with higher health care costs. The expected result is that overall claim costs will increase as the healthy groups realizing large increases to their cost of coverage will be more likely to drop coverage, while the less healthy groups will remain.

Specific population segments will impact the 2014 small group market and will have varying morbidity levels and migration patterns:

- The existence of individual exchanges may lead employers to no longer offer small group coverage. The existence of subsidies in the individual market, combined with the lack of any employer penalty for groups under 50 lives, may lead to more migration from small group to individual market.
- The uninsured may enter the small group market if they currently declined available coverage or their employer decides to begin offering coverage in 2014. The bias of

adverse selection suggests those uninsured consumers with higher expected morbidity will be the most likely to purchase health insurance.

- Employers that provide coverage today, that are most adversely impacted by ACA rate restrictions (younger, healthier groups) will be more likely to renew their current plans in December 2013, thus delaying the rate impact until late 2014. The delayed entry of healthier lives will increase the morbidity of the ACA rate compliant pool in 2014.

Thus, the current employee and employer distributions is expected to change in 2014 due to these assumed migration patterns, and the expected costs of the 2014 small group block is expected to be higher than the costs of the current block.

An adjustment was made to include costs for state-specific Essential Health Benefits (EHBs) and mandates not included in Aetna's existing benefit factors. An adjustment for pediatric dental is included. The adjustment was calculated based on a projected allowed flat dollar amount of \$9.39, normalized for the DC age curve and expressed as a percentage of the Allowed Index Rate. We will re-evaluate and reserve the right to revise our pediatric dental rating should final rating guidance affect our projection.

To convert the Allowed Index rate into an Allowed Base Rate, an adjustment was made to normalize our population to a factor of one on the DC age curve.

The expected Claim Portion of the Market Index Rate represents the expected average claim PMPM for 2014, reflecting a mix of membership by metallic tier and is calculated as follows:
Claim Portion of Market Index Rate = Allowed Base Rate (Line 13) x AV of Silver Index Plan (Line 19) x Projected Average Benefit Factor.

Claim Portion of Index Rate = $\$373.28 \times 0.70 \times 1.068 = \279.07

Reserves

Claims Incurred But Not Reported (IBNR) reserves are included in the experience period paid claims. IBNR reserves are estimated using actuarial principles and assumptions that consider among other things, historical and projected claim submission patterns, historical and projected claim processing time, medical cost trends, utilization of health care services, claim inventory levels, changes in membership and product mix, seasonality and other relevant factors. For the experience period, we used two months of paid claim runoff to reduce the reliance on reserve estimates in the most recent incurred months. The IBNR reserves represent 3.26% of the experience period claims for the individual market and 3.2% for the small group market.

Determination of Retention Portion of Market Index Rate

The retention for the combined Individual and Small Group PPO risk pool is 25.75%. This was developed from the following items:

| Expenses | % |
|----------------|--------|
| G & A Expense | 10.93% |
| 800 line, .com | 0.15% |

| | |
|--------------------------|--------|
| Reinsurance Contribution | 1.62% |
| PCORFI Fee | 0.05% |
| Risk Adjustment Fee | 0.02% |
| Health Insurer Fee | 2.60% |
| Broker Commission | 4.13% |
| Profit / Margin | 4.00% |
| Premium Tax | 2.25% |
| Subtotal: | 25.75% |

These retention items were then applied to the Claims Portion of the Index Rate to calculate a market premium rate.

$$\begin{aligned} & (\text{Claim Rate}) / (1 - \text{Percent of Premium Expenses}) \\ & = (\$279.07) / (1 - 25.75\%) = \$375.85. \end{aligned}$$

$$\text{The target loss ratio} = \$279.07 / \$375.85 = 74.2\%$$

The Allowed Base Premium Rate for Small Group PPO = $\$373.28 / 0.742 = \503.08 . It represents the base allowed premium rate PMPM for a Silver EHB plan with Pediatric Dental. This index rate is reflective of the demographic and area factors used to normalize the claims. It was used as the basis for developing the plan factors for all other metallic-level plan designs discussed in this filing. Addendum I and Exhibit B provide further details on the Market Index Rate build-up.

Impact of PPACA Taxes and Fees

The Patient Protection and Affordable Care Act created several new fees assessed on insurers and health insurance. Three of these fees go into effect in 2014, described further below.

1. **Reinsurance Contribution (RC):** This is a temporary fee, designed to fund the temporary reinsurance program that will cover the individual markets for the years 2014 through 2016. The fee is assessed on fully insured and self-insured group health plans. There will be a standard national assessment for the RC, as well as the option for states to assess an additional state-level assessment. The total amount to be collected under the national assessment in 2014 is \$12 billion, declining to \$8 billion in 2015 and \$5 billion in 2016. Aetna has calculated the impact for the 2014 RC fee based on the final regulation for policies issued in DC to be worth approximately 1.62% of premium. This impact does not include any state-level assessment.
2. **Health Insurer Fee (HIF):** This permanent industry fee will be assessed based on each insurer's share of the fully insured market, in order to collect a total of \$8.0 billion for 2014. The total assessment will increase each year, to \$14.3 billion in 2018 and increasing at the rate of premium growth thereafter. Aetna has calculated the impact for the 2014 HIF fee based on current regulations to be approximately 2.6% of premium.
3. **Exchange User Fee:** There is no Exchange User Fee in DC.

Reinsurance and Risk Corridor

For the small group market, it is correct to assume that there will be no benefits to Aetna from the transitional reinsurance program.

We did not assume any adjustments to premiums or impact to MLR for the risk corridor program. Aetna is applying for QHP certification on these plans in DC in order to benefit from this program.

We have assumed a neutral position for the risk adjustment program with zero payments and receipts.

Base Premium Rate

To develop the silver index plan base premium rate, we first adjusted the index rate to a 1.000 age factor level of the DC age scale. Then, retention items were applied to calculate the premium of a 100% AV plan. Lastly, we multiply the premium of the 100% AV plan by a factor of 0.7 to arrive at the premium of the Silver index plan base premium rate. The Silver index plan base premium is \$352.15 in the small group PPO market. Addendum I and Exhibit B (Line 12 to Line 20) provide further details on the Silver index plan base premium rate build-up. The base rate is indexed quarterly into 2014 using the effective date factors in the rate manual.

Rating Methodology

Rates are determined using the prescribed member build-up approach, with a cap of 3 dependent children under age 21.

Rate Formula

For each member, including only the 3 oldest dependent children under age 21, calculate the Member Rate as follows:

Market Index Rate * Age Factor * Area Factor * Plan Factor

Add up the Member Rate for each covered member, subject to the dependent child cap, to determine the total premium for the policy.

Age Factors

The DC Health Benefit Exchange Authority has prescribed its own age rating factors. The factors are shown in the Age Factor Table of the Rate Manual and the attached Exhibit C.

Area Definitions and Rating Factors

We are using the rating area definitions prescribed by DC Health Benefit Exchange Authority. Only one area is defined in DC. We are using a common area factor of 1.000 for all of DC, Exhibit D.

Plan Benefit Factors

The fixed reference plan is an EHB Silver Plan with an Actuarial Value of 70%. Benefit factors were developed taking into account the expected benefit category weights and plan

cost sharing. No adjustments were made to benefit factors to differentiate based on morbidity differences or benefit selection.

Monthly Premium Rates

The member-level monthly premium rates for the plans shown in the rate manual, based on all rating factors defined, are included in the “DC_SG_77422_Rates (ALIC).xslm” file attached in SERFF.

Medical Loss Ratio

The expected 2014 federal MLR for this product form is 80.2% in the small group market. This does not include the credibility adjustment described in the regulation. The following table provides the details of the calculations.

| | | Group | Formula |
|-----|---------------------------------------|--------------|------------------------------|
| (a) | Member Months | N/A | |
| (b) | Premium (pmpm) ⁽¹⁾ | \$375.85 | |
| (c) | Medical Cost (pmpm) | \$279.07 | |
| (d) | Medical Benefit Ratio (MBR) | 74.2% | = (c) / (b) |
| | | | |
| (e) | Quality Improvement Activities (pmpm) | \$2.26 | = (b) x 0.6 % ⁽²⁾ |
| (f) | Taxes and Fees (pmpm) | \$25.18 | = (b) x 6.7% ⁽³⁾ |
| | | | |
| (g) | Adjusted Premium (pmpm) | \$350.67 | = (b) - (f) |
| (h) | Adjusted Claims (pmpm) | \$281.32 | = (c) + (e) |
| | Medical Loss Ratio (MLR) | 80.2% | = (h) / (g) |

Notes: (1) Average Premium PMPM reflects the projected distribution of member ages and plan selection.

(2) The cost of quality improvement activities is estimated to be 0.6% of the premium.

(3) Taxes and fees are estimated to be 6.7% of the premium.

*Assumptions for QIA and excludable taxes reflect current actuarial projections and may differ from the final reported MLR.

**Data and calculations for MBR and MLR calculation only includes data associated with this filing and annual standalone calculation which may differ from the Federal required market pool calculations as presented in the MLR Blanks. This calculation is based on the projected average premium pmpm.

Actuarial Certification

I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of The District of Columbia, the requirements under federal law and regulation, and all applicable Actuarial Standards of Practice, including ASOP No. 8. I also assert that the benefits are reasonable in relation to the premiums, and that the calculations are based on my best estimate of the future experience. I further attest that to the best of my knowledge, the rates are not excessive, inadequate, or unfairly discriminatory.

I hereby certify that the essential health benefit portion of premium upon which advanced payment of premium tax credits (APTCs) was determined appropriately based on the claims expected to be paid for non-EHB benefits and the expected cost sharing and administrative expenses thereupon.

I hereby certify that the

- i. the index rate is developed in accordance with federal regulations and is in compliance with 45 CFR 156.80(d)(1);
- ii. the index rate and only the allowable modifiers in 45 CFR 156.80(d)(1) and (2) were used to generate the plan level rates; and
- iii. the Metal AV were developed using the AV Calculator with modified entries to reflect the plan appropriately in accordance with 45 CFR 156.135(b).



David M. Walker, ASA, MAAA
Aetna Life Insurance Company

May 30, 2013

Date

Aetna Life Insurance Company
DC Individual and Small Group PPO Index Rate Development
AETN-128972263
HIOS Product ID: 77422DC007
Policy Forms: HIXGR-96791 01et al.
Addendum I

DC Health Benefit Exchange Authority requires the individual and small group be merged into a single risk pool for rating purpose in the District of Columbia (DC). We develop our index rate based on this requirement. The calculations and adjustments used to develop the market index rate illustrated in Exhibit B are summarized below. Small Group and Individual experience and factors are combined from Line 1 to Line 13, and have been developed separately from Line 14 to Line 20.

Step 1: Develop base period cost PMPM

- Lines 1 and 2
 - Line 1 - Member months for experience incurred 11/1/2011 through 10/31/2012 and paid through 12/31/2012 for the DC and State of Virginia (VA).
 - Line 2 - Corresponding paid claims PMPM for DC and VA.
 - Approximately 3.2% of claims shown on Line 2 represent provision for claims incurred but not reported (IBNR) as of 12/31/12.
 - Due to lack of credibility of DC experience, VA experience is included to develop the index rate.
 - Further details of the Lines 1 and Line 2 experience period data and past experience are shown in Addendum IV.
- Lines 3a through 3c are factors used estimate the base period allowed cost. Adjustments include:
 - 3a – Average benefit factor (one index plan was chosen for each segment and assigned a factor of 1.0)
 - 3b – Benefit index for a standard EHB silver plan (expected relationship of paid claims for the Standard EHB silver plan vs. the index plan used in Line 3a)
 - 3c – Factor to convert the silver plan to 100% AV plan (or allowed cost).
- Lines 4 Allowed Cost PMPM (100% AV Plan)
 - Line 2 divided by Line 3a times Line 3b divided by Line 3c.

Step 2: Develop the Index Rate

- Line 5 Trend
 - 5a & 5b - Medical trend factor used to project historical experience to the pricing period. Please see Addendum III for support of our selected trend. The trend factor is consistent with that of Aetna's Individual DC PPO business.
 - 5c – Claim Trend Factor
 - 5d - Adjustment for changes in network contracts between the historical experience and products/network that will be offered in 2014.

- Line 6 Future population morbidity changes
 - 6a - Anticipated impact of guarantee issue on Individual experience and community rating on Small Group experience in DC. Please see Addendum II for a description of the development of guarantee issue and community rating factors.
 - 6b - Uninsured Pent up Demand. Estimated impact of increased first-year utilization in 2014 for previously uninsured participants spread across the anticipated Exchange population.
 - 6c - Adjustment for the family billing limit of three dependent children. The adjustment factor is 1.006 in the Individual market, and is 1.000 in the Small Group market. We weight the individual and small group market factors at 85% and 15%, respectively, to develop the single factors of 1.0051 for both markets.
- Line 7
 - Adjustment to reflect the cost difference between the expected duration mix of current business and the expected lifetime target duration
- Line 8
 - Adjustment factor to reflect differences between the morbidity-profile of Aetna's historical experience and the market. This adjustment brings the underlying experience to the overall market level. This adjustment is based on a Wakely study performed using calendar year 2011 experience. This study examined the morbidity of each participating carrier relative to the overall pool. The results of this study were adjusted for each line of business, where applicable, to account for changes in overall morbidity from the study's experience period to the experience period noted above. Adjustments were made for credibility and our understanding of our current risk position relative to the market.
- Line 9
 - Adjustment to include costs for state-specific Essential Health Benefits (EHBs) and mandates not included in Aetna's existing benefit factors.
- Line 10
 - Pediatric Dental - Estimated cost of pediatric dental claims adjusted to the basis for the index rate. The adjustment was calculated based on a projected allowed flat dollar amount of \$9.39, normalized for the DC age curve and expressed as a percentage of the Allowed Index Rate.
- Line 11 Allowed Index Rate
 - Product of Line 4 and Lines 5c through 10.
- Line 12
 - Adjustment bringing the index rate to the 1.0 factor level for the DC age scale. This is developed based on the blend of individual and small group member distribution.
- Line 13
 - Allowed Base Rate – This is the silver index plan at an age factor of 1.0 without cost sharing.

Step 3: Apply Modifiers to the Allowed Base Rate

- Line 14
 - Anticipated reduction in claims costs due to expected reimbursements from the federal reinsurance program. Please refer to the “Reinsurance and Risk Corridor” section in the actuarial memorandum. This only applies to the Individual Market.
- Line 15
 - Adjustment for the anticipated impact of the federal risk adjustment program. Please refer to the “Reinsurance and Risk Corridor” section in the actuarial memorandum.
- Line 16
 - Allowed Base Rate with Modifiers, calculated as the product of Lines 14 through 15. This calculation is preformed separately for Individual and Small Group.
- Line 17
 - One minus the estimated portion of premium required for retention. Please see the “Determination of Retention Portion of Market Index Rate” section in the actuarial memorandum for a discussion of our retention assumptions.
- Line 18
 - Allowed Base Premium Rate for the EHB Silver Plan, calculated as Line 16 divided by Line 17.
- Line 19
 - The AV of the Silver Index Plan is 0.70.
- Line 20
 - Silver Index Plan Base Premium Rate is calculated as the product of Line 18 and Line 19.

Aetna Life Insurance Company
DC Guaranteed Issue and Modified Community Rating Development
AETN-128972263
HIOS Product ID: 77422DC007
Policy Forms: HIXGR-96791 01et al
Addendum II

Guaranteed Issue

A key provision of the Patient Protection and Affordable Care Act is that all individual policies effective on or after January 1, 2014 are offered on a guaranteed issue basis without rating for pre-existing medical conditions, with product-level rate differentiation limited to metallic tiers and rating variations limited to age, rating area, and tobacco-use status. In the pre-January 1, 2014 Individual market environment in DC, policy availability and rates varied by age and health status. When considering all PPACA-related rating changes including the individual mandate, advanced premium tax credits and cost sharing subsidies, the morbidity profile of the individual insurance market in DC will change in 2014.

In order to estimate the impact of these market changes, a profile (size and morbidity) of the population in DC was constructed along the following dimensions:

- Pre-2014 insurance segment – Individual Non-Grandfathered, Individual Grandfathered, Small Group, High Risk, and Uninsured by self-reported health status;
- Age Band; and
- Annual Income Level.

The size of each dimension, above, was developed from data provided by McKinsey and Company. The morbidity of each dimension was developed based on the following sources:

- Individual Non-Grandfathered, Individual Grandfathered and Small Group – Aetna internal experience data;
- High Risk – Wakely Consulting Group risk score data; and
- Uninsured – Medical Expenditure Panel Survey.

Once the population profile was constructed, a market migration model was used to assign each sub-segment to a 2014 insurance segment. This assignment was completed by calculating a perceived cost to each available insurance segment choice and assuming that the individuals in a sub-segment choose to minimize their cost.¹ The resulting 2014 individual market morbidity profile was then calculated as the weighted average of the relative morbidities of the sub-segments that were assigned to the individual market. A summary of the pre-2014 population and resultant individual market profile is as follows:

| District of Columbia | Pre-2014 Population (000) | Pre-2014 Morbidity Relativity* | 2014 IVL Non- Grandfathered Population (000) | Distribution of 2014 IVL Exchange Population | 2014 Morbidity Relativity* |
|-----------------------------|--|---|---|---|---|
| UNINSURED | 34 | 125% | 8 | 63% | 161% |

| | | | | | |
|---------------------------------------|-----|------|----|------|------|
| INDIVIDUAL | 16 | 102% | 3 | 22% | 108% |
| <i>Individual - Grandfathered</i> | 2 | 111% | 1 | 5% | 112% |
| <i>Individual - Non-Grandfathered</i> | 13 | 100% | 2 | 17% | 106% |
| SMALL GROUP | 59 | 130% | 2 | 13% | 134% |
| HIGH RISK | .2 | 500% | 0 | 2% | 500% |
| TOTAL | 109 | 125% | 13 | 100% | 150% |

*Morbidity relativities calculated under the assumption that the current non-grandfathered book is 1.0.

¹ An individual in the pre-2014 individual grandfathered insurance segment would compare the perceived costs associated with retaining their grandfathered policy (premium + expected out-of-pocket medical costs), moving into the post-2014 individual market (premium + expected out-of-pocket medical costs – available subsidies), or going uninsured (mandate tax + expected out-of-pocket medical costs).

We validated our model dataset and results against the similar SOA/Optum study, and see comparable results when adjusting for factors such as the difference between the 2016 migration and the 2014 migration, under the assumption that existing non-grandfathered business will transition during 2014.

After this validation, we adjusted the migration of the currently insured medically underwritten policies at policy anniversary (vs. on January 1).

Pent-up demand was modeled by increasing utilization on the previously uninsured population by 15% in 2014. This increase is estimated to be worth about 8.5% on the total 2014 Exchange population.

Community Rating Adjustment to Small Group Business

The Community Rating adjustment accounts for the addition of certain ACA rating restrictions that will apply to small groups in 2014. The main driver of this adjustment is the removal of health status underwriting for new and renewing business. This will cause relatively higher rate increases for groups with better morbidity, and relatively lower rate increases (or rate decreases) for groups with poorer morbidity. The expected result is that the overall morbidity of the Small Group pool will increase (higher claim costs) as the healthy groups facing the larger premium rate increases will be more likely to drop coverage, and the unhealthy groups with lower premium rate increases (or decreases) will remain.

The following population segments will have the most impact to the 2014 small group market and will have varying morbidity levels and migration patterns:

- The existence of individual exchanges may lead employers to no longer offer small group coverage. The existence of subsidies in the individual market, combined with the lack of any employer penalty for groups under 50 lives, may lead to more migration from small group to individual market.
- The uninsured may enter the small group market if they currently declined available coverage or their employer decides to begin offering coverage in 2014. The bias of adverse selection suggests those uninsured consumers with higher expected morbidity will be the first to purchase health insurance.
- Employers that provide coverage today, that are most adversely impacted by ACA rate restrictions (younger, healthier groups) will be more likely to renew their current plans in December 2013, thus delaying the rate impact until late 2014. The removal of healthier lives will increase the morbidity of the ACA rate compliant pool in 2014.

Thus, the current employee and employer distributions will change in 2014 due to these assumed migration patterns, and the expected morbidity of the future small group block in 2014 will be higher than the morbidity of the current block.

Aetna Life Insurance Company
DC Market PPO Trend Development
AETN-128972263
HIOS Product ID: 77422DC007
Policy Forms: HIXGR-96791 01et al
Addendum III

The PPO medical cost trend assumption used in the development of the CY2014 manual rates is 9.3% for CY 2013 and CY2014. The following table shows the trend assumptions by major types of service as defined by HHS, separately by unit cost, utilization, and in total.

| Type of Service | Unit Cost | Utilization | Total |
|---------------------|-----------|-------------|-------|
| Inpatient Hospital | 2.9% | 6.2% | 9.3% |
| Outpatient Hospital | 2.9% | 6.2% | 9.3% |
| Professional | 2.9% | 6.2% | 9.3% |
| Other Medical | 2.9% | 6.2% | 9.3% |
| Capitation | 0.0% | 0.0% | 0.0% |
| Prescription Drug | 2.9% | 6.2% | 9.3% |
| Total | | | 9.3% |

The trends utilized for the projections for DC small group were developed based on small group experience for PPO plans for the DC and VA markets. Actual historical net claims are reviewed at the market and product level. An aggregate trend for these markets is then determined using the market and product membership weights to remove the impact of product and market mix.

The data utilized in the trend analysis was based on the claim data incurred from January 2009 – December 2012 paid through December 2012. This was the most recent data available at the time the rates for CY2014 were developed. From the monthly claim data, calendar year PMPMs are calculated for each market. This use of Calendar Year PMPMs is intended to reduce the impact of seasonality. The net trends for each market and product are then calculated by dividing the PMPM's year over year. The aggregate net trend used as the starting point for the projection is calculated as the member weighted average of the market net trends.

To develop the pricing trend (or gross trend) for 2012, the aggregate net trend for Calendar Year 2012 is normalized for demographics and plan design based on the filed characteristic factors. Additional adjustments are made based on items that were believed to have had an effect on the experience data such as changes in provider reimbursements, increase in COBRA benefits and an increase in claims due to seasonal flu and snow. The changes in unit price contracted for hospital and professional services and the estimated increase in claims expected as a result of increased COBRA benefits and the estimated increase in claims due to seasonal flu and snow were developed by our Medical Economics Unit.

The pricing trend for 2013 and 2014 is developed by applying the value of the expected changes to the above listed items to the 2012 pricing trend.

Below is a table showing the calendar year trends by high level trend components

| Trend Components | 2012 | 2013 |
|------------------------|------|-------|
| Unit Price | 3.3% | 2.9% |
| Utilization | 1.3% | 4.5% |
| Leverage (Med and Rx) | 1.9% | 1.9% |
| Leap Year (Med and Rx) | 0.3% | -0.3% |
| Pricing Trend | 7.0% | 9.3% |

2013 trend is equal to 2012 trend multiplied by the product of the changes in the trend components -1.

$$2013 \text{ trend} = 1.07 \times (1.029/1.033) \times (1.045/1.013) \times (1.019/1.019) \times (0.997/1.003) - 1 = 9.3\%$$

2014 trend = 2013 trend.

Aetna Life Insurance Company
Experience Data and Past Rate Change History
AETN-128972263
HIOS Product ID: 77422DC007
Policy Forms: HIXGR-96791 01et al
Addendum IV

Experience Data

We are using a rolling 12-month experience period ending 10/31/2012 and paid through 12/31/2012 for Individual and Small Group blocks of business to develop rates for these new policy forms. The following tables summarize the experience of the most recent rolling 12-month period that is used for the pricing rate development and also show past experience.

Individual Market Past Experience -The District of Columbia and State of Virginia

| | | Members | Subscribers | Premiums | Claims | Loss Ratio |
|-------------------|-----------------|---------|-------------|------------|------------|------------|
| Year | CY 2010 | 179,381 | 140,229 | 33,366,152 | 20,963,528 | 62.8% |
| | CY 2011 | 176,048 | 133,181 | 35,005,957 | 24,680,030 | 70.5% |
| Experience Period | 11/2011-10/2012 | 166,011 | 123,859 | 34,640,750 | 25,506,316 | 73.6% |
| Month | Nov-11 | 14,114 | 10,594 | 2,890,730 | 2,290,230 | 79.2% |
| | Dec-11 | 14,045 | 10,520 | 2,925,326 | 2,366,825 | 80.9% |
| | Jan-12 | 13,903 | 10,386 | 2,902,803 | 1,627,914 | 56.1% |
| | Feb-12 | 13,845 | 10,345 | 2,884,600 | 2,320,658 | 80.4% |
| | Mar-12 | 13,819 | 10,312 | 2,892,617 | 2,153,182 | 74.4% |
| | Apr-12 | 13,740 | 10,256 | 2,880,986 | 2,278,942 | 79.1% |
| | May-12 | 13,755 | 10,262 | 2,889,220 | 2,740,571 | 94.9% |
| | Jun-12 | 13,703 | 10,221 | 2,867,210 | 1,653,318 | 57.7% |
| | Jul-12 | 13,747 | 10,236 | 2,853,092 | 1,693,672 | 59.4% |
| | Aug-12 | 13,847 | 10,282 | 2,874,011 | 2,149,463 | 74.8% |
| | Sep-12 | 13,730 | 10,220 | 2,872,391 | 2,010,247 | 70.0% |
| | Oct-12 | 13,763 | 10,225 | 2,907,764 | 2,221,294 | 76.4% |

Individual Market Past Experience - The District of Columbia

| | | Members | Subscribers | Premiums | Claims | Loss Ratio |
|-------------------|-----------------|---------|-------------|-----------|-----------|------------|
| Year | CY 2010 | 20,104 | 17,987 | 3,850,046 | 1,943,483 | 50.5% |
| | CY 2011 | 21,898 | 19,041 | 4,332,451 | 2,569,675 | 59.3% |
| Experience Period | 11/2011-10/2012 | 25,837 | 22,055 | 4,830,999 | 2,785,664 | 57.7% |
| Month | Nov-11 | 2,000 | 1,716 | 363,105 | 227,971 | 62.8% |
| | Dec-11 | 2,064 | 1,755 | 403,073 | 264,408 | 65.6% |
| | Jan-12 | 2,066 | 1,761 | 398,393 | 230,169 | 57.8% |
| | Feb-12 | 2,097 | 1,795 | 394,445 | 257,371 | 65.2% |
| | Mar-12 | 2,136 | 1,828 | 393,098 | 265,267 | 67.5% |
| | Apr-12 | 2,140 | 1,828 | 415,842 | 188,875 | 45.4% |
| | May-12 | 2,138 | 1,828 | 399,464 | 239,869 | 60.0% |
| | Jun-12 | 2,146 | 1,832 | 399,520 | 212,174 | 53.1% |
| | Jul-12 | 2,180 | 1,858 | 401,182 | 197,753 | 49.3% |
| | Aug-12 | 2,253 | 1,925 | 418,242 | 268,609 | 64.2% |
| | Sep-12 | 2,279 | 1,943 | 405,168 | 219,388 | 54.1% |
| | Oct-12 | 2,338 | 1,986 | 439,467 | 213,810 | 48.7% |

Individual Market Past Experience- State of Virginia

| | | Members | Subscribers | Premiums | Claims | Loss Ratio |
|-------------------|-----------------|---------|-------------|------------|------------|------------|
| Year | CY 2010 | 159,277 | 122,242 | 29,516,106 | 19,020,045 | 64.4% |
| | CY 2011 | 154,150 | 114,140 | 30,673,506 | 22,110,354 | 72.1% |
| Experience Period | 11/2011-10/2012 | 140,174 | 101,804 | 29,809,751 | 22,720,652 | 76.2% |
| Month | Nov-11 | 12,114 | 8,878 | 2,527,625 | 2,062,259 | 81.6% |
| | Dec-11 | 11,981 | 8,765 | 2,522,253 | 2,102,417 | 83.4% |
| | Jan-12 | 11,837 | 8,625 | 2,504,410 | 1,397,745 | 55.8% |
| | Feb-12 | 11,748 | 8,550 | 2,490,155 | 2,063,287 | 82.9% |
| | Mar-12 | 11,683 | 8,484 | 2,499,519 | 1,887,915 | 75.5% |
| | Apr-12 | 11,600 | 8,428 | 2,465,144 | 2,090,067 | 84.8% |
| | May-12 | 11,617 | 8,434 | 2,489,756 | 2,500,702 | 100.4% |
| | Jun-12 | 11,557 | 8,389 | 2,467,690 | 1,441,144 | 58.4% |
| | Jul-12 | 11,567 | 8,378 | 2,451,910 | 1,495,920 | 61.0% |
| | Aug-12 | 11,594 | 8,357 | 2,455,769 | 1,880,853 | 76.6% |
| | Sep-12 | 11,451 | 8,277 | 2,467,223 | 1,790,859 | 72.6% |
| | Oct-12 | 11,425 | 8,239 | 2,468,297 | 2,007,485 | 81.3% |

The above experience in the Individual market differs from the Individual market pricing claims in Exhibit B, Line 2 by the inclusion of dental rider claims and premiums. During the current experience periods Individual dental product claims are worth about \$4.73 PMPM when spread across all members. More detailed by month experience are shown in Exhibit D.

Small Group PPO Market Past Experience - The District of Columbia and State of Virginia

| | | Members | Subscribers | Premiums | Claims | Loss Ratio |
|-------------------|-----------------|---------|-------------|------------|------------|------------|
| Year | CY 2010 | 164,168 | 80,184 | 55,599,174 | 40,535,284 | 72.9% |
| | CY 2011 | 161,034 | 76,343 | 57,705,024 | 41,826,823 | 72.5% |
| Experience Period | 11/2011-10/2012 | 166,142 | 79,099 | 59,088,567 | 45,123,776 | 76.4% |
| Month | Nov-11 | 13,114 | 6,157 | 4,654,359 | 3,284,413 | 70.6% |
| | Dec-11 | 13,062 | 6,092 | 4,646,336 | 3,119,337 | 67.1% |
| | Jan-12 | 13,260 | 6,216 | 4,735,285 | 3,429,675 | 72.4% |
| | Feb-12 | 13,591 | 6,381 | 4,765,629 | 3,504,221 | 73.5% |
| | Mar-12 | 13,778 | 6,532 | 4,885,263 | 4,232,120 | 86.6% |
| | Apr-12 | 13,686 | 6,505 | 4,828,973 | 3,418,381 | 70.8% |
| | May-12 | 14,064 | 6,716 | 4,979,999 | 4,584,807 | 92.1% |
| | Jun-12 | 14,239 | 6,841 | 5,046,332 | 3,671,544 | 72.8% |
| | Jul-12 | 14,312 | 6,884 | 5,114,951 | 3,803,847 | 74.4% |
| | Aug-12 | 14,252 | 6,842 | 5,068,368 | 3,592,034 | 70.9% |
| | Sep-12 | 14,367 | 6,938 | 5,165,103 | 3,955,557 | 76.6% |
| | Oct-12 | 14,417 | 6,995 | 5,197,968 | 4,527,840 | 87.1% |

Small Group PPO Market Past Experience - The District of Columbia

| | | Members | Subscribers | Premiums | Claims | Loss Ratio |
|-------------------|-----------------|---------|-------------|-----------|-----------|------------|
| Year | CY 2010 | 14,192 | 8,087 | 5,474,390 | 3,292,254 | 60.1% |
| | CY 2011 | 12,276 | 6,633 | 4,820,432 | 2,897,916 | 60.1% |
| Experience Period | 11/2011-10/2012 | 10,414 | 5,680 | 3,897,407 | 3,019,132 | 77.5% |
| Month | Nov-11 | 913 | 501 | 336,737 | 198,923 | 59.1% |
| | Dec-11 | 915 | 501 | 333,771 | 282,763 | 84.7% |
| | Jan-12 | 850 | 474 | 324,125 | 218,406 | 67.4% |
| | Feb-12 | 857 | 475 | 323,813 | 433,365 | 133.8% |
| | Mar-12 | 820 | 459 | 318,476 | 241,941 | 76.0% |
| | Apr-12 | 829 | 461 | 328,004 | 247,145 | 75.3% |
| | May-12 | 957 | 517 | 359,780 | 375,016 | 104.2% |
| | Jun-12 | 923 | 496 | 341,228 | 189,945 | 55.7% |
| | Jul-12 | 859 | 457 | 317,244 | 229,053 | 72.2% |
| | Aug-12 | 831 | 443 | 311,707 | 188,226 | 60.4% |
| | Sep-12 | 823 | 445 | 297,136 | 172,027 | 57.9% |
| | Oct-12 | 837 | 451 | 305,387 | 242,323 | 79.3% |

Small Group PPO Market Past Experience - State of Virginia

| | | Members | Subscribers | Premiums | Claims | Loss Ratio |
|-------------------|-----------------|---------|-------------|------------|------------|------------|
| Year | CY 2010 | 149,976 | 72,097 | 50,124,784 | 37,243,030 | 74.3% |
| | CY 2011 | 148,758 | 69,710 | 52,884,593 | 38,928,907 | 73.6% |
| Experience Period | 11/2011-10/2012 | 155,728 | 73,419 | 55,191,159 | 42,104,645 | 76.3% |
| Month | Nov-11 | 12,201 | 5,656 | 4,317,623 | 3,085,490 | 71.5% |
| | Dec-11 | 12,147 | 5,591 | 4,312,565 | 2,836,574 | 65.8% |
| | Jan-12 | 12,410 | 5,742 | 4,411,160 | 3,211,269 | 72.8% |
| | Feb-12 | 12,734 | 5,906 | 4,441,816 | 3,070,856 | 69.1% |
| | Mar-12 | 12,958 | 6,073 | 4,566,787 | 3,990,179 | 87.4% |
| | Apr-12 | 12,857 | 6,044 | 4,500,969 | 3,171,237 | 70.5% |
| | May-12 | 13,107 | 6,199 | 4,620,219 | 4,209,791 | 91.1% |
| | Jun-12 | 13,316 | 6,345 | 4,705,104 | 3,481,599 | 74.0% |
| | Jul-12 | 13,453 | 6,427 | 4,797,707 | 3,574,794 | 74.5% |
| | Aug-12 | 13,421 | 6,399 | 4,756,661 | 3,403,809 | 71.6% |
| | Sep-12 | 13,544 | 6,493 | 4,867,967 | 3,783,530 | 77.7% |
| | Oct-12 | 13,580 | 6,544 | 4,892,581 | 4,285,517 | 87.6% |

The above experience in the Small Group market matches the Small Group market pricing claims in Exhibit B, Line 2.

Credibility Analysis

As required by District of Columbia, we combined Small Group and Individual experience to establish the single index rate. In order to obtain sufficient credibility, we combined State of Virginia and the District of Columbia experience. We used this experience at 100% credibility.

Past Rate Change History

The following show the past rate changes for the Small Group and Individual Market.

Individual

- Effective February 1, 2006, we increased base monthly premium rates by approximately 10.0%.
- Effective February 1, 2007, we increased base monthly premium rates by approximately 29.3%.
- Effective March 1, 2008, we increased base monthly premium rates by approximately 11.2%.
- Effective April 1, 2009, we increased base monthly premium rates by approximately 12.8%.
- Effective April 1, 2010, we increased base monthly premium rates by approximately 13.7%.
- Effective October 1, 2010, we introduced a new rating system, premium rate development methodology, and quarterly rating methodology.
- Effective January 1, 2011, we increased base monthly premium rates for business originally effective prior to September 23, 2010, by approximately 1.7%, to account for the addition of HCR-relate benefits.
- Effective October 1, 2011, we decreased base monthly premium rates by approximately 10.0%.
- Effective April 1, 2012, we introduced two new benefit plans available for new business.
- Effective May 1, 2012, we introduced two new benefit plans available for new business
- Effective August 1, 2012, we introduced a new product portfolio that included new HCR-mandated women's health benefit requirements. These new plans were introduced with new age/gender factors applicable to new business contracts.

- Effective October 1, 2012, we introduced a new product portfolio. Monthly premium rates for existing benefit plans remained as previously filed.

Small Group PPO

The Small Group PPO rate changes are as follows (does not include changes to the portfolio that could have resulted in rate changes related to coverage changes):

| | Quarterly Change | 12 Month Change |
|--------|------------------|-----------------|
| 1Q2007 | +2.5% | +4.6% |
| 2Q2007 | +2.5% | +5.1% |
| 3Q2007 | +2.5% | +7.7% |
| 4Q2007 | -2.6% | +4.9% |
| 1Q2008 | -2.3% | -0.1% |
| 2Q2008 | +1.5% | -1.1% |
| 3Q2008 | +1.5% | -2.0% |
| 4Q2008 | +1.5% | +2.1% |
| 1Q2009 | +5.0% | +9.8% |
| 2Q2009 | +0.0% | +8.2% |
| 3Q2009 | +0.0% | +6.6% |
| 4Q2009 | +3.0% | +8.2% |
| 1Q2010 | +3.0% | +6.1% |
| 2Q2010 | +3.0% | +9.3% |
| 3Q2010 | +1.0% | +10.4% |
| 4Q2010 | +3.0% | +10.4% |
| 1Q2011 | +0.0% | +7.2% |
| 2Q2011 | -3.0% | +0.9% |
| 3Q2011 | +0.0% | -0.1% |
| 4Q2011 | +0.0% | -3.0% |
| 1Q2012 | -5.0% | -7.9% |
| 2Q2012 | +1.7% | -3.4% |
| 3Q2012 | +1.0% | -2.4% |
| 4Q2012 | +2.6% | +0.1% |
| 1Q2013 | +2.6% | +8.1% |
| 2Q2013 | +2.6% | +9.1% |

Aetna Life Insurance Company
DC SMALL GROUP FILING - PPO
HIOS Product ID: 77422DC007
Forms Filing: HIXGR-96791 01et al.
Exhibit A

DC Small Group Portfolio | Summary of Benefits

Contents

DC BRONZE OAMC 6350.....2

DC GOLD OAMC 2000 70%.....4

DC GOLD, OAMC 70/506

DC GOLD OAMC 90/508

DC SILVER OAMC 2000 90/50 HSA 10

DC SILVER OAMC 5000 70% 12

Summary of Benefits Covered

DC BRONZE OAMC 6350

DC Small Group

Bronze Plan

| Summary of Features | In-Network | Out-of-Network |
|---|---|---------------------------------|
| Deductible | | |
| Individual | \$6,350 | \$12,700 |
| Family | \$12,700 | \$25,400 |
| Coinsurance (Member Responsibility) | 0% | 50% |
| | \$0 once out-of-pocket max. is satisfied | |
| Out-of-Pocket Maximum | | |
| Individual | \$6,350 | \$15,000 |
| Family | \$12,700 | \$30,000 |
| | All cost sharing accumulates to the Out of Pocket Maximum above | |
| Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays) | \$20 ded waived/visits 1-3 | 50% after deductible |
| Specialist Visit | 0% after deductible | 50% after deductible |
| All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse) | 0% after deductible | 50% after deductible |
| Emergency Room Services | 0% after deductible | Paid as In-Network |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | 0% after deductible | 25%/visits 1-40; 40%/visits 41+ |
| Imaging (CT/PET Scans, MRIs) | 0% after deductible | 50% after deductible |
| Rehabilitative Speech Therapy | 0% after deductible | 50% after deductible |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | 0% after deductible | 50% after deductible |
| Preventive Care/Screening/Immunization | 0% | 50% after deductible |
| Laboratory Outpatient and Professional Services | 0% after deductible | 50% after deductible |
| X-rays and Diagnostic Imaging | 0% after deductible | 50% after deductible |
| Skilled Nursing Facility | 0% after deductible | 50% after deductible |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | 0% after deductible | 50% after deductible |
| Outpatient Surgery Physician/Surgical Services | 0% after deductible | 50% after deductible |
| Pharmacy | | |
| | | |
| Pharmacy Deductible | | |
| Individual | N/A | N/A |
| Family | N/A | N/A |
| Generics | 0% after deductible | 50% after deductible |
| Preferred Brand Drugs | 0% after deductible | 50% after deductible |
| Non-Preferred Brand Drugs | 0% after deductible | 50% after deductible |
| Specialty Drugs (i.e. high-cost) | 0% after deductible | Not covered |

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

| | | | |
|---|--------------------------|--------------------------------|-------------------------------|
| Use Integrated Medical and Drug Deductible? | <input type="checkbox"/> | HSA/HRA Options | Narrow Network Options |
| Apply Inpatient Copay per Day? | <input type="checkbox"/> | HSA/HRA Employer Contribution? | Blended Network/POS Plan? |
| Apply Skilled Nursing Facility Copay per Day? | <input type="checkbox"/> | | |
| Use Separate OOP Maximum for Medical and Drug Spending? | <input type="checkbox"/> | Annual Contribution Amount: | 1st Tier Utilization: |
| Indicate if Plan Meets CSR Standard? | <input type="checkbox"/> | | 2nd Tier Utilization: |
| Desired Metal Tier | Bronze | | |

| | Tier 1 Plan Benefit Design | | | Tier 2 Plan Benefit Design | | |
|---------------------------------------|----------------------------|------------|------------|----------------------------|------|----------|
| | Medical | Drug | Combined | Medical | Drug | Combined |
| Deductible (\$) | \$6,350.00 | \$6,350.00 | \$6,350.00 | | | |
| Coinsurance (%; Insurer's Cost Share) | 100.00% | | 100.00% | | | |
| OOP Maximum (\$) | \$6,350.00 | \$6,350.00 | \$6,350.00 | | | |
| OOP Maximum if Separate (\$) | \$6,350.00 | \$0.00 | | | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Emergency Room Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| All Inpatient Hospital Services (inc. MHSA) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$20.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialist Visit | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$0.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Rehabilitative Speech Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Non-Preventive Well Baby Visits and Care | | | | | | | | |
| Preventive Care/Screening/Immunization | | | 100% | \$0.00 | | | 100% | \$0.00 |
| Laboratory Outpatient and Professional Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| X-rays and Diagnostic Imaging | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$0.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Generics | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |

Options for Additional Benefit Design Limits:

| | |
|---|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? | <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum: | |
| Set a Maximum Number of Days for Charging an IP Copay? | <input type="checkbox"/> |
| # Days (1-10): | |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? | <input type="checkbox"/> |
| # Visits (1-10): | |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input checked="" type="checkbox"/> |
| # Copays (1-10): | 3 |

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 60.18781%
 Metal Tier: Bronze

This product, DC Bronze OAMC 6350, satisfies the HHS guidelines for a Bronze plan with an Actuarial Value of 60.2%.

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

Summary of Benefits Covered

DC GOLD OAMC 2000 70%

DC Small Group

Gold Plan

| Summary of Features | In-Network | Out-of-Network |
|---|---|---------------------------------|
| Deductible | | |
| Individual | \$2,000 | \$4,000 |
| Family | \$4,000 | \$8,000 |
| Coinurance (Member Responsibility) | 30% | 50% |
| | \$0 once out-of-pocket max. is satisfied | |
| Out-of-Pocket Maximum | | |
| Individual | \$4,500 | \$9,000 |
| Family | \$9,000 | \$18,000 |
| | All cost sharing accumulates to the Out of Pocket Maximum above | |
| Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays) | \$10 per visit | 50% after deductible |
| Specialist Visit | \$30 per visit | 50% after deductible |
| All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse) | 30% after deductible | 50% after deductible |
| Emergency Room Services | \$250 per visit | Paid as In-Network |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | \$25/visits 1-40; \$30/visits 41+ | 25%/visits 1-40; 40%/visits 41+ |
| Imaging (CT/PET Scans, MRIs) | 30% after deductible | 50% after deductible |
| Rehabilitative Speech Therapy | 30% after deductible | 50% after deductible |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | 30% after deductible | 50% after deductible |
| Preventive Care/Screening/Immunization | 0% | 50% after deductible |
| Laboratory Outpatient and Professional Services | 0% | 50% after deductible |
| X-rays and Diagnostic Imaging | \$10 per visit | 50% after deductible |
| Skilled Nursing Facility | 30% after deductible | 50% after deductible |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | 30% after deductible | 50% after deductible |
| Outpatient Surgery Physician/Surgical Services | 30% after deductible | 50% after deductible |
| Pharmacy | In-Network | Out-of-Network |
| Pharmacy Deductible | | |
| Individual | \$500 | \$500 |
| Family | \$1,000 | \$1,000 |
| Generics | \$4, deductible waived | \$4 + 50%, deductible waived |
| Preferred Brand Drugs | \$50 | \$50 + 50% |
| Non-Preferred Brand Drugs | 50% after deductible | 50% after deductible |
| Specialty Drugs (i.e. high-cost) | 50% up to \$500 | Not covered |

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR Standard? ☐

Desired Metal Tier: Gold

| HSA/HRA Options | | Narrow Network Options | |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount: | | 1st Tier Utilization: | |
| | | 2nd Tier Utilization: | |

| Tier 1 Plan Benefit Design | | | Tier 2 Plan Benefit Design | | |
|--|------------|------------|----------------------------|------|----------|
| Medical | Drug | Combined | Medical | Drug | Combined |
| Deductible (\$) | \$2,000.00 | \$500.00 | \$2,000.00 | | |
| Coinsurance (% , Insurer's Cost Share) | 70.00% | 50.00% | | | |
| OOP Maximum (\$) | \$4,500.00 | \$4,500.00 | | | |
| OOP Maximum if Separate (\$) | \$4,500.00 | \$0.00 | | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$250.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| All Inpatient Hospital Services (inc. MHSA) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$25.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Speech Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Non-Preventive Well Baby Visits and Care | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Preventive Care/Screening/Immunization | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | \$0.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | \$0.00 |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$0.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$4.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | 50% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |

Options for Additional Benefit Design Limits:

| | |
|---|-------------------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? | <input checked="" type="checkbox"/> |
| Specialty Rx Coinsurance Maximum: | \$500 |
| Set a Maximum Number of Days for Charging an IP Copay? | <input type="checkbox"/> |
| # Days (1-10): | |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? | <input type="checkbox"/> |
| # Visits (1-10): | |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10): | |

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 78.18414%

Metal Tier: Gold

This product, DC GOLD OAMC 2000 70% satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 78.2%

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

Summary of Benefits Covered

DC GOLD OAMC 70/50

DC Small Group

Gold Plan

| Summary of Features | In-Network | Out-of-Network |
|---|---|---------------------------------|
| Deductible | | |
| Individual | \$0 | \$5,000 |
| Family | \$0 | \$10,000 |
| Coinsurance (Member Responsibility) | 30% | 50% |
| | \$0 once out-of-pocket max. is satisfied | |
| Out-of-Pocket Maximum | | |
| Individual | \$5,000 | \$10,000 |
| Family | \$10,000 | \$20,000 |
| | All cost sharing accumulates to the Out of Pocket Maximum above | |
| Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays) | \$30 per visit | 50% after deductible |
| Specialist Visit | \$50 per visit | 50% after deductible |
| All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse) | 30% | 50% after deductible |
| Emergency Room Services | \$300 per visit | Paid as In-Network |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | \$25/visits 1-40; \$40/visits 41+ | 25%/visits 1-40; 40%/visits 41+ |
| Imaging (CT/PET Scans, MRIs) | \$300 per visit | 50% after deductible |
| | \$50 per visit | 50% after deductible |
| Rehabilitative Speech Therapy | \$50 per visit | 50% after deductible |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | \$50 per visit | 50% after deductible |
| Preventive Care/Screening/Immunization | 0% | 50% after deductible |
| Laboratory Outpatient and Professional Services | \$15 per visit | 50% after deductible |
| | \$50 per visit | 50% after deductible |
| X-rays and Diagnostic Imaging | | 50% after deductible |
| Skilled Nursing Facility | 30% | 50% after deductible |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | 30% | 50% after deductible |
| Outpatient Surgery Physician/Surgical Services | 30% | 50% after deductible |
| | | |
| Pharmacy | In-Network | Out-of-Network |
| Pharmacy Deductible | | |
| Individual | N/A | N/A |
| Family | N/A | N/A |
| Generics | \$15 | \$15 + 30% |
| Preferred Brand Drugs | \$50 | \$50 + 30% |
| Non-Preferred Brand Drugs | \$100 | \$100 + 30% |
| Specialty Drugs (i.e. high-cost) | \$300 | Not covered |

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR Standard? ☐

Desired Metal Tier: Gold

| HSA/HRA Options | | Narrow Network Options | |
|--------------------------------|--------------------------|---------------------------|--------------------------|
| HSA/HRA Employer Contribution? | <input type="checkbox"/> | Blended Network/POS Plan? | <input type="checkbox"/> |
| Annual Contribution Amount: | | 1st Tier Utilization: | |
| | | 2nd Tier Utilization: | |

| Tier 1 Plan Benefit Design | | | Tier 2 Plan Benefit Design | | |
|--|------------|------------|----------------------------|------|----------|
| Medical | Drug | Combined | Medical | Drug | Combined |
| Deductible (\$) | \$0.00 | \$0.00 | | | |
| Coinsurance (% , Insurer's Cost Share) | 70.45% | 100.00% | | | |
| OOP Maximum (\$) | \$5,000.00 | \$5,000.00 | | | |
| OOP Maximum if Separate (\$) | \$5,000.00 | \$0.00 | | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$300.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| All Inpatient Hospital Services (inc. MHSA) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 70% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$25.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Imaging (CT/PET Scans, MRIs) | <input type="checkbox"/> | <input type="checkbox"/> | | \$300.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$29.16 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Non-Preventive Well Baby Visits and Care | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Preventive Care/Screening/Immunization | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | \$0.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | \$0.00 |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Skilled Nursing Facility | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 70% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 70% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Surgery Physician/Surgical Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 72% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input type="checkbox"/> | | \$300.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay? ☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? ☐

Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 78.61166%

Metal Tier: Gold

This product, DC GOLD OAMC 70/50 satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 78.6%

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

Summary of Benefits Covered

DC GOLD OAMC 90/50

DC Small Group

Gold Plan

| Summary of Features | In-Network | Out-of-Network |
|---|---|---------------------------------|
| Deductible | | |
| Individual | \$0 | \$5,000 |
| Family | \$0 | \$10,000 |
| Coinsurance (Member Responsibility) | 10% | 50% |
| | \$0 once out-of-pocket max. is satisfied | |
| Out-of-Pocket Maximum | | |
| Individual | \$5,000 | \$10,000 |
| Family | \$10,000 | \$20,000 |
| | All cost sharing accumulates to the Out of Pocket Maximum above | |
| Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays) | \$30 per visit | 50% after deductible |
| Specialist Visit | \$50 per visit | 50% after deductible |
| All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse) | 10% | 50% after deductible |
| Emergency Room Services | \$300 per visit | Paid as In-Network |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | \$25/visits 1-40; \$40/visits 41+ | 25%/visits 1-40; 40%/visits 41+ |
| Imaging (CT/PET Scans, MRIs) | \$300 per visit | 50% after deductible |
| | \$50 per visit | 50% after deductible |
| Rehabilitative Speech Therapy | \$50 per visit | 50% after deductible |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | \$50 per visit | 50% after deductible |
| Preventive Care/Screening/Immunization | 0% | 50% after deductible |
| Laboratory Outpatient and Professional Services | \$15 per visit | 50% after deductible |
| | \$50 per visit | 50% after deductible |
| X-rays and Diagnostic Imaging | | 50% after deductible |
| Skilled Nursing Facility | 10% | 50% after deductible |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | 10% | 50% after deductible |
| Outpatient Surgery Physician/Surgical Services | 10% | 50% after deductible |
| Pharmacy | In-Network | Out-of-Network |
| Pharmacy Deductible | | |
| Individual | N/A | N/A |
| Family | N/A | N/A |
| Generics | \$15 | \$15 + 30% |
| Preferred Brand Drugs | \$50 | \$50 + 30% |
| Non-Preferred Brand Drugs | \$100 | \$100 + 30% |
| Specialty Drugs (i.e. high-cost) | \$300 | Not covered |

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐
 Apply Inpatient Copay per Day? ☐
 Apply Skilled Nursing Facility Copay per Day? ☐
 Use Separate OOP Maximum for Medical and Drug Spending? ☐
 Indicate if Plan Meets CSR Standard? ☐
 Desired Metal Tier: Gold

| HSA/HRA Options | Narrow Network Options |
|---|--|
| HSA/HRA Employer Contribution? <input type="checkbox"/> | Blended Network/POS Plan? <input type="checkbox"/> |
| Annual Contribution Amount: | 1st Tier Utilization: |
| | 2nd Tier Utilization: |

| Tier 1 Plan Benefit Design | | |
|---------------------------------------|------------|------------|
| Medical | Drug | Combined |
| Deductible (\$) | \$0.00 | \$0.00 |
| Coinsurance (%; Insurer's Cost Share) | 88.64% | 100.00% |
| OOP Maximum (\$) | \$5,000.00 | \$5,000.00 |
| OOP Maximum if Separate (\$) | \$5,000.00 | \$0.00 |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | |
|--|-------------------------------------|-------------------------------------|---------------------------|--------------------|---|---|---------------------------|--------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$300.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| All Inpatient Hospital Services (inc. MHSA) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 90% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$25.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Imaging (CT/PET Scans, MRIs) | <input type="checkbox"/> | <input type="checkbox"/> | | \$300.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$29.16 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Non-Preventive Well Baby Visits and Care | <input type="checkbox"/> | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Preventive Care/Screening/Immunization | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | \$0.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | \$0.00 |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Skilled Nursing Facility | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 90% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 90% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Surgery Physician/Surgical Services | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 85% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$15.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$50.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Non-Preferred Brand Drugs | <input type="checkbox"/> | <input type="checkbox"/> | | \$100.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialty Drugs (i.e. high-cost) | <input type="checkbox"/> | <input type="checkbox"/> | | \$300.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |

Options for Additional Benefit Design Limits:

| | |
|---|--------------------------|
| Set a Maximum on Specialty Rx Coinsurance Payments? | <input type="checkbox"/> |
| Specialty Rx Coinsurance Maximum: | |
| Set a Maximum Number of Days for Charging an IP Copay? | <input type="checkbox"/> |
| # Days (1-10): | |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? | <input type="checkbox"/> |
| # Visits (1-10): | |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | <input type="checkbox"/> |
| # Copays (1-10): | |

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 81.32900%

Metal Tier: Gold

This product, DC Gold OAMC 90/50 satisfies the HHS guidelines for a Gold plan with an Actuarial Value of 81.3%.

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

Summary of Benefits Covered

DC SILVER OAMC 2000 90/50 HSA

DC Small Group

Silver Plan

| Summary of Features | In-Network | Out-of-Network |
|---|---|---------------------------------|
| Deductible | | |
| Individual | \$2,000 | \$5,000 |
| Family | \$4,000 | \$10,000 |
| Coinsurance (Member Responsibility) | 10% | 50% |
| | \$0 once out-of-pocket max. is satisfied | |
| Out-of-Pocket Maximum | | |
| Individual | \$6,250 | \$10,000 |
| Family | \$12,500 | \$20,000 |
| | All cost sharing accumulates to the Out of Pocket Maximum above | |
| Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays) | 10% after deductible | 50% after deductible |
| Specialist Visit | 10% after deductible | 50% after deductible |
| All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse) | 10% after deductible | 50% after deductible |
| Emergency Room Services | 10% after deductible | Paid as In-Network |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | 10% after deductible | 25%/visits 1-40; 40%/visits 41+ |
| Imaging (CT/PET Scans, MRIs) | 10% after deductible | 50% after deductible |
| Rehabilitative Speech Therapy | 10% after deductible | 50% after deductible |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | 10% after deductible | 50% after deductible |
| Preventive Care/Screening/Immunization | 0% | 50% after deductible |
| Laboratory Outpatient and Professional Services | 10% after deductible | 50% after deductible |
| X-rays and Diagnostic Imaging | 10% after deductible | 50% after deductible |
| Skilled Nursing Facility | 10% after deductible | 50% after deductible |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | 10% after deductible | 50% after deductible |
| Outpatient Surgery Physician/Surgical Services | 10% after deductible | 50% after deductible |
| Pharmacy | | |
| | In-Network | Out-of-Network |
| Pharmacy Deductible | | |
| Individual | N/A | N/A |
| Family | N/A | N/A |
| Generics | \$15 | \$15 + 30% |
| Preferred Brand Drugs | \$50 | \$50 + 30% |
| Non-Preferred Brand Drugs | \$100 | \$100 + 30% |
| Specialty Drugs (i.e. high-cost) | \$300 | Not covered |

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?
 Apply Inpatient Copay per Day?
 Apply Skilled Nursing Facility Copay per Day?
 Use Separate OOP Maximum for Medical and Drug Spending?
 Indicate if Plan Meets CSR Standard?
 Desired Metal Tier

| HSA/HRA Options | Narrow Network Options |
|--------------------------------|--|
| HSA/HRA Employer Contribution? | Blended Network/POS Plan? |
| Annual Contribution Amount: | 1st Tier Utilization: 2nd Tier Utilization: |

| | Tier 1 Plan Benefit Design | | |
|--|----------------------------|------------|------------|
| | Medical | Drug | Combined |
| Deductible (\$) | \$2,000.00 | \$2,000.00 | \$2,000.00 |
| Coinsurance (% , Insurer's Cost Share) | | | 90.00% |
| OOP Maximum (\$) | \$6,250.00 | | \$6,250.00 |
| OOP Maximum if Separate (\$) | \$6,250.00 | \$0.00 | |

| | Tier 2 Plan Benefit Design | | |
|--|----------------------------|------|----------|
| | Medical | Drug | Combined |
| | | | |
| | | | |
| | | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | |
|--|------------------------|-------------------------|---------------------------|--------------------|------------------------|-------------------------|---------------------------|--------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinsurance, if different | Copay, if separate |
| Medical | | | | | | | | |
| Emergency Room Services | | | 90% | | | | | |
| All Inpatient Hospital Services (inc. MHSA) | | | 90% | | | | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | | | 90% | | | | | |
| Specialist Visit | | | 90% | | | | | |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | | | 90% | | | | | |
| Imaging (CT/PET Scans, MRIs) | | | 90% | | | | | |
| Rehabilitative Speech Therapy | | | 90% | | | | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | | | 90% | | | | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | | | | | | | | |
| Non-Preventive Well Baby Visits and Care | | | | | | | | |
| Preventive Care/Screening/Immunization | | | 100% | \$0.00 | | | 100% | \$0.00 |
| Laboratory Outpatient and Professional Services | | | 90% | | | | | |
| X-rays and Diagnostic Imaging | | | 90% | | | | | |
| Skilled Nursing Facility | | | 90% | | | | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | | | 90% | | | | | |
| Outpatient Surgery Physician/Surgical Services | | | 90% | | | | | |
| Drugs | | | | | | | | |
| Generics | | | | \$15.00 | | | | |
| Preferred Brand Drugs | | | | \$50.00 | | | | |
| Non-Preferred Brand Drugs | | | | \$100.00 | | | | |
| Specialty Drugs (i.e. high-cost) | | | | \$300.00 | | | | |

Options for Additional Benefit Design Limits:

| | |
|---|--|
| Set a Maximum on Specialty Rx Coinsurance Payments? | |
| Specialty Rx Coinsurance Maximum: | |
| Set a Maximum Number of Days for Charging an IP Copay? | |
| # Days (1-10): | |
| Begin Primary Care Cost-Sharing After a Set Number of Visits? | |
| # Visits (1-10): | |
| Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? | |
| # Copays (1-10): | |

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 68.60785%
 Metal Tier: Silver

This product, DC SILVER OAMC 2000 90/50 HSA satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.6%.

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

Summary of Benefits Covered

DC SILVER OAMC 5000 70%

DC Small Group

Silver Plan

| Summary of Features | In-Network | Out-of-Network |
|---|---|---------------------------------|
| Deductible | | |
| Individual | \$5,000 | \$10,000 |
| Family | \$10,000 | \$20,000 |
| Coinsurance (Member Responsibility) | 30% | 50% |
| | \$0 once out-of-pocket max. is satisfied | |
| Out-of-Pocket Maximum | | |
| Individual | \$6,350 | \$12,700 |
| Family | \$12,700 | \$25,400 |
| | All cost sharing accumulates to the Out of Pocket Maximum above | |
| Primary Care Visit to Treat an Injury or Illness (excludes Preventative and X-rays) | \$30 per visit | 50% after deductible |
| Specialist Visit | \$60 per visit | 50% after deductible |
| All Inpatient Hospital Services (includes Mental/Behavioral Health and Substance Abuse) | 30% after deductible | 50% after deductible |
| Emergency Room Services | \$400 per visit | Paid as In-Network |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | \$25/visits 1-40; \$40/visits 41+ | 25%/visits 1-40; 40%/visits 41+ |
| Imaging (CT/PET Scans, MRIs) | 30% after deductible | 50% after deductible |
| Rehabilitative Speech Therapy | \$30 per visit after deductible | 50% after deductible |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | \$30 per visit after deductible | 50% after deductible |
| Preventive Care/Screening/Immunization | 0% | 50% after deductible |
| Laboratory Outpatient and Professional Services | \$30 per visit | 50% after deductible |
| X-rays and Diagnostic Imaging | \$60 per visit | 50% after deductible |
| Skilled Nursing Facility | 30% after deductible | 50% after deductible |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | 30% after deductible | 50% after deductible |
| Outpatient Surgery Physician/Surgical Services | 30% after deductible | 50% after deductible |
| Pharmacy | In-Network | Out-of-Network |
| Pharmacy Deductible | | |
| Individual | \$500 | \$500 |
| Family | \$1,000 | \$1,000 |
| Generics | \$10, deductible waived | \$10 + 50%, deductible waived |
| Preferred Brand Drugs | \$60 | \$60 + 50% |
| Non-Preferred Brand Drugs | 50% after deductible | 50% after deductible |
| Specialty Drugs (i.e. high-cost) | 50% up to \$500 | Not covered |

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

Actuarial Value Snapshot

The Actuarial Value Calculator (AV Calculator) is designed to give an estimate of network liability for a given plan design. This build of the AV Calculator uses data from a large national commercial database to build continuance tables by metal tier.

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? ☐

Apply Inpatient Copay per Day? ☐

Apply Skilled Nursing Facility Copay per Day? ☐

Use Separate OOP Maximum for Medical and Drug Spending? ☐

Indicate if Plan Meets CSR Standard? ☐

Desired Metal Tier: Silver

| Tier 1 Plan Benefit Design | | |
|---------------------------------------|------------|------------|
| Medical | Drug | Combined |
| Deductible (\$) | \$5,000.00 | \$500.00 |
| Coinurance (% , Insurer's Cost Share) | 70.00% | 50.00% |
| OOP Maximum (\$) | \$6,350.00 | \$6,350.00 |
| OOP Maximum if Separate (\$) | \$6,350.00 | \$0.00 |

| Tier 2 Plan Benefit Design | | |
|----------------------------|------|----------|
| Medical | Drug | Combined |
| | | |
| | | |
| | | |

[Click Here for Important Instructions](#)

| Type of Benefit | Tier 1 | | | | Tier 2 | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------|---|---|--------------------------|--------------------|
| | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate | Subject to Deductible? | Subject to Coinsurance? | Coinurance, if different | Copay, if separate |
| Medical | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Emergency Room Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$400.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| All Inpatient Hospital Services (inc. MHSA) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays) | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialist Visit | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$25.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Imaging (CT/PET Scans, MRIs) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Speech Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Non-Preventive Well Baby Visits and Care | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Preventive Care/Screening/Immunization | <input type="checkbox"/> | <input type="checkbox"/> | 100% | \$0.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 100% | \$0.00 |
| Laboratory Outpatient and Professional Services | <input type="checkbox"/> | <input type="checkbox"/> | | \$30.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| X-rays and Diagnostic Imaging | <input type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Skilled Nursing Facility | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Outpatient Surgery Physician/Surgical Services | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 70% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Drugs | <input type="checkbox"/> All | <input type="checkbox"/> All | | | <input checked="" type="checkbox"/> All | <input checked="" type="checkbox"/> All | | |
| Generics | <input type="checkbox"/> | <input type="checkbox"/> | | \$10.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | \$60.00 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Non-Preferred Brand Drugs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 50% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |
| Specialty Drugs (i.e. high-cost) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 50% | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | |

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? ☒ Specialty Rx Coinsurance Maximum: \$500

Set a Maximum Number of Days for Charging an IP Copay? ☐ # Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits? ☐ # Visits (1-10):

Begin Primary Care Deductible/Coinurance After a Set Number of Copays? ☐ # Copays (1-10):

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 68.44203%

Metal Tier: Silver

This product, DC SILVER OAMC 5000 70% satisfies the HHS guidelines for a Silver plan with an Actuarial Value of 68.4%.

NOTE: The plan benefits listed above are identical to the benefits of the Religious Exemption (RE) plans.

Aetna Life Insurance Company
The District of Columbia Individual and Small Group Market Index Rate Development
SERFF #: AETN-128972263
Policy Form #: HIXGR-96791 01 et al

| | | Individual and Small Group | |
|--|---|----------------------------|-------------|
| | | PPO | |
| Step 1: Develop base period cost PMPM | | | |
| 1) Member Months (Nov 11-Oct 12) | | | 332,153 |
| 2) Paid Claims PMPM (Nov 11-Oct 12) | | | \$210.28 |
| 3) Convert to 100% AV Plan | | | |
| a) Weighted Average Benefit Factor | / | | 0.9041 |
| b) Benefit Index for Silver Plan | x | | 0.7181 |
| c) Factor to Convert Silver Plan to 100% AV Plan | / | | 0.7000 |
| 4) Allowed Cost PMPM (100% AV Plan) | = | | \$238.61 |
| Step 2: Develop the Allowed Index Rate | | | |
| 5) Trend | | | |
| a) Allowed Claim Trend | | | 9.3% |
| b) No. of Months | | | 26 |
| c) Claim Trend Factor | x | | 1.2129 |
| d) Network Recontracting Adjustment | x | | 0.9231 |
| 6) Future population morbidity changes | | | |
| a) Guaranteed Issue (IVL)/ Community Rating (SG) | x | | 1.3538 |
| b) Individual Uninsured Pent up Demand | x | | 1.0721 |
| c) Adjustment for 3-child Family member cap | x | | 1.0051 |
| 7) Duration Adjustment | x | | 0.9941 |
| 8) Market Level Risk Adjustment (Wakely) | x | | 1.0175 |
| 9) EHB Adjustment (to State Level) | x | | 1.0115 |
| 10) Pediatric Dental | x | | 1.0235 |
| 11) Allowed Index Rate | = | | \$408.16 |
| 12) Age Normalization to 1.0 on DC age curve | x | | 0.9146 |
| 13) Allowed Base Rate (Age factor 1.000; w/o Cost sharing) | = | | \$373.28 |
| Step 3: Apply Modifiers to the Allowed Base Rate | | | |
| | | Individual | Small Group |
| 14) Market-level Reinsurance | x | 0.9171 | 1.0000 |
| 15) Market-level Risk Adjustment | x | 1.0000 | 1.0000 |
| 16) Allowed Base Rate with Modifiers | = | \$342.34 | \$373.28 |
| 17) 1 - Retention | / | 0.742 | 0.742 |
| 18) Allowed Base Premium Rate | = | \$461.38 | \$503.08 |
| 19) AV of Silver Index Plan | x | 0.700 | 0.700 |
| 20) Silver Index Plan Base Premium Rate | = | \$322.96 | \$352.15 |

Aetna Life Insurance Company
SERFF Filing # AETN-128972263
HIOS Product ID: 77422DC007
Form Filing # HIXGR-96791 01et al.
Exhibit C

Age Rating Definitions and Factors for The District of Columbia

DC Default Standard Age Curve

| | |
|--------------|-------|
| 0-20 | 0.727 |
| 21 | 0.727 |
| 22 | 0.727 |
| 23 | 0.727 |
| 24 | 0.727 |
| 25 | 0.727 |
| 26 | 0.727 |
| 27 | 0.727 |
| 28 | 0.727 |
| 29 | 0.727 |
| 30 | 0.727 |
| 31 | 0.727 |
| 32 | 0.727 |
| 33 | 0.746 |
| 34 | 0.775 |
| 35 | 0.805 |
| 36 | 0.836 |
| 37 | 0.869 |
| 38 | 0.903 |
| 39 | 0.938 |
| 40 | 0.975 |
| 41 | 1.013 |
| 42 | 1.053 |
| 43 | 1.094 |
| 44 | 1.137 |
| 45 | 1.181 |
| 46 | 1.227 |
| 47 | 1.275 |
| 48 | 1.325 |
| 49 | 1.377 |
| 50 | 1.431 |
| 51 | 1.487 |
| 52 | 1.545 |
| 53 | 1.605 |
| 54 | 1.668 |
| 55 | 1.733 |
| 56 | 1.801 |
| 57 | 1.871 |
| 58 | 1.944 |
| 59 | 2.020 |
| 60 | 2.099 |
| 61 | 2.181 |
| 62 | 2.181 |
| 63 | 2.181 |
| 64 and Older | 2.181 |

Aetna Life Insurance Company
Filing # AETN-128972263
HIOS Product ID: 77422DC007
Policy Forms: HIXGR-96791 01et al.
Exhibit D

Rating Area Definitions and Factors for District of Columbia Small Group

| |
|--|
| Rating Area 1: 1.00 District of Columbia |
| All areas |

Aetna Life Insurance Company
SERFF Filing AETN-128972263
HIOS Product ID: 77422DC007
Policy form: HIXGR-96791 01 et al.
Benefit Plans Form # and Plan-Ids, AV and Pricing Factors
Exhibit E

| Form # | HIOS Plan-Id | Plan | Exchange | Metallic Tier | Cost - sharing | Deductible | Actuarial | Plan |
|---------------------|----------------|----------------------------------|----------|---------------|----------------|------------|-----------|---------|
| | | | ON/OFF | | | | Value | Factors |
| S1HIXGR-96792-SB 01 | 77422DC0070023 | DC Silver OAMC 5000 70% RE | ON | Silver | Standard | 5000 | 68.4% | 1.0287 |
| S1HIXGR-96792-SB 01 | 77422DC0070021 | DC Silver OAMC 5000 70% | ON | Silver | Standard | 5000 | 68.4% | 1.0510 |
| S2HIXGR-96792-SB 01 | 77422DC0070019 | DC Silver OAMC 2000 90/50 HSA RE | ON | Silver | Standard | 2000 | 68.6% | 1.1675 |
| S2HIXGR-96792-SB 01 | 77422DC0070017 | DC Silver OAMC 2000 90/50 HSA | ON | Silver | Standard | 2000 | 68.6% | 1.1888 |
| G3HIXGR-96792-SB 01 | 77422DC0070015 | DC Gold OAMC 90/50 RE | ON | Gold | Standard | 0 | 81.3% | 1.5509 |
| G3HIXGR-96792-SB 01 | 77422DC0070013 | DC Gold OAMC 90/50 | ON | Gold | Standard | 0 | 81.3% | 1.5747 |
| G2HIXGR-96792-SB 01 | 77422DC0070011 | DC Gold OAMC 70/50 RE | ON | Gold | Standard | 0 | 78.6% | 1.4600 |
| G2HIXGR-96792-SB 01 | 77422DC0070009 | DC Gold OAMC 70/50 | ON | Gold | Standard | 0 | 78.6% | 1.4837 |
| G1HIXGR-96792-SB 01 | 77422DC0070007 | DC Gold OAMC 2000 70% RE | ON | Gold | Standard | 2000 | 78.2% | 1.2487 |
| G1HIXGR-96792-SB 01 | 77422DC0070005 | DC Gold OAMC 2000 70% | ON | Gold | Standard | 2000 | 78.2% | 1.2662 |
| B1HIXGR-96792-SB 01 | 77422DC0070003 | DC Bronze OAMC 6350 RE | ON | Bronze | Standard | 6350 | 60.2% | 0.8435 |
| B1HIXGR-96792-SB 01 | 77422DC0070001 | DC Bronze OAMC 6350 | ON | Bronze | Standard | 6350 | 60.2% | 0.8498 |
| S1GR-96814-SB 01 | 77422DC0070024 | DC Silver OAMC 5000 70% RE | OFF | Silver | Standard | 5000 | 68.4% | 1.0287 |
| S1GR-96814-SB 01 | 77422DC0070022 | DC Silver OAMC 5000 70% | OFF | Silver | Standard | 5000 | 68.4% | 1.0510 |
| S2GR-96814-SB 01 | 77422DC0070020 | DC Silver OAMC 2000 90/50 HSA RE | OFF | Silver | Standard | 2000 | 68.6% | 1.1675 |
| S2GR-96814-SB 01 | 77422DC0070018 | DC Silver OAMC 2000 90/50 HSA | OFF | Silver | Standard | 2000 | 68.6% | 1.1888 |
| G3GR-96814-SB 01 | 77422DC0070016 | DC Gold OAMC 90/50 RE | OFF | Gold | Standard | 0 | 81.3% | 1.5509 |
| G3GR-96814-SB 01 | 77422DC0070014 | DC Gold OAMC 90/50 | OFF | Gold | Standard | 0 | 81.3% | 1.5747 |
| G2GR-96814-SB 01 | 77422DC0070012 | DC Gold OAMC 70/50 RE | OFF | Gold | Standard | 0 | 78.6% | 1.4600 |
| G2GR-96814-SB 01 | 77422DC0070010 | DC Gold OAMC 70/50 | OFF | Gold | Standard | 0 | 78.6% | 1.4837 |
| G1GR-96814-SB 01 | 77422DC0070008 | DC Gold OAMC 2000 70% RE | OFF | Gold | Standard | 2000 | 78.2% | 1.2487 |
| G1GR-96814-SB 01 | 77422DC0070006 | DC Gold OAMC 2000 70% | OFF | Gold | Standard | 2000 | 78.2% | 1.2662 |
| B1GR-96814-SB 01 | 77422DC0070004 | DC Bronze OAMC 6350 RE | OFF | Bronze | Standard | 6350 | 60.2% | 0.8435 |
| B1GR-96814-SB 01 | 77422DC0070002 | DC Bronze OAMC 6350 | OFF | Bronze | Standard | 6350 | 60.2% | 0.8498 |

Actuarial Memorandum and Certification In Support of Unified Rate Review Template

General Information

Company Identifying Information:

- Company Legal Name: Aetna Life Insurance Company
- State: District of Columbia
- HIOS Issuer ID: 77422
- Market: Small Group
- Effective Date: 1/1/2014

Company Contact Information:

- Primary Contact Name: Frances M Casale
- Primary Contact Telephone Number: 215-775-2717
- Primary Contact Email Address: CasaleFM@aetna.com

Proposed Rate Increase(s)

No rate increase is proposed in this filing.

Experience Period Premium and Claims

Paid Through Date: The experience is paid through February 2013. The experience period shown is 1/1/2012 – 12/31/2012.

Premiums (net of MLR Rebate) in Experience Period: The premiums shown are date-of-service premiums from our actuarial experience dataset. For the Small Group District of Columbia Minimum Loss Ratio pool in 2012, there is no rebate projected. This is based on the 4/1/2013 reports as well as internal projections showing that the MLR is expected to exceed 80%. Therefore, no expected rebates were adjusted out of the premiums.

Allowed and Incurred Claims Incurred During the Experience Period:

- The medical cost analysis systems that provide estimates of completed allowed claims as well as utilization and unit cost metrics do not readily distinguish between Grandfathered and Non-Grandfathered blocks of business. Therefore, we used reports that include both portions of the existing experience block to estimate the relationship between incurred paid claims and incurred allowed claims. We also used this data to estimate the unit cost and utilization metrics and to allocate total incurred claims to the medical cost categories shown.
- In order to segregate non-grandfathered experience, we rely on a member-level data set which takes longer to construct than reports at higher levels of aggregation. As such, the experience data used for reporting on premium and incurred claims is paid through February 28, 2013. This data source does not provide detail on utilization levels or claims by service type. We use a different data source to calculate those values; that data is paid through March 31, 2013. The unit cost and utilization detail is considered to be reliable with three months of runoff.

- The Allowed claims are completed using the relationship between paid and completed paid claims, with data quality edits to ensure that allowed amounts are not skewed by the factors. The method tends to be less reliable for recent time periods, similar to paid completion.
- Incurred But Not Paid (IBNP) reserves are estimated using actuarial principles and assumptions that consider historical and projected claim submission patterns, historical and projected claim processing time, medical cost trends, utilization of health care services, claim inventory levels, changes in membership and product mix, seasonality, and other relevant factors. For the experience period, we used two months of paid claim runoff to reduce the reliance on reserve estimates in the most recent incurred months. The IBNP reserves represent 3.2% of the experience period claims.
- The IBNP completion factor is based on the claims set reported on WS1. This is an appropriate basis for developing the IBNP factors because this basis includes most of the experience reported on WS1 and the claims for members living in District of Columbia.

Benefit Categories

The benefit categories used generally align with the instructions (dated March 18, 2013). Inpatient Hospital consists of care delivered at an inpatient facility and associated expenses, while Outpatient Hospital includes outpatient surgical as well as emergency care and associated expenses. Professional includes both specialty physician and primary care physician expenses. Other includes home health care, mental health care, medical pharmacy expenses, as well as laboratory and radiology expenses. Non-capitated ambulance is included in the Outpatient Hospital category when billed by the facility and included in Specialist Physician otherwise. Prescription Drug includes drugs dispensed by a pharmacy.

Projection Factors

Changes in the Morbidity of the Population Insured: The projected change in the morbidity of the population is based on modeling that will be described in further detail in the actuarial memorandum included in the rate filing expected to be dated May 30, 2013. It includes the impact of:

- Modified Community Rating,
- the Market Level Risk Adjustment (based on a Wakely study of carrier morbidity),

Trend Factors (cost/utilization): The trends utilized for the projections for District of Columbia were developed based on Small Group experience for PPO plans for the District of Columbia and Virginia markets. Actual historical net claims are reviewed at the market level. The data utilized in the trend analysis was based on the claim data incurred from January 2009 – December 2012 paid through December 2012. To develop the pricing trend for 2012, the aggregate net trend for Calendar Year 2012 is normalized for area, seasonality, demographics and plan design. Additional adjustments are made based on items that were believed to have had an effect on the experience data such as changes in provider reimbursements, benefits and an increase in claims due to seasonal flu and snow. The changes in unit price contracted for professional services and the estimated increase in claims expected as a result of seasonal flu and snow were developed by our Medical Economics Unit. The pricing trend for 2013 and 2014 is developed by applying the value of the expected changes to the above listed items to the 2012 pricing trend.

Changes in Benefits / Demographics / Other Adjustments: The expected mix of business for 2014 was projected and used to determine a projected market average rate. The effect of the change in mix of business due to differences in benefits, demographics, and area is shown in the “Other” adjustment column.

Credibility Manual Rate Development

As required by District of Columbia, we combined Small Group and Individual experience to establish the single index rate. In order to obtain sufficient credibility, we combined State of Virginia and the District of Columbia experience.

Credibility of Experience

Aetna does not consider the District of Columbia experience alone to be credible. In order to obtain sufficient credibility, the State of Virginia and District of Columbia experience combined was considered, which we used with 100% credibility.

Paid to Allowed Ratio

We are projecting the following distribution of membership by metallic tier, resulting in a projected paid to allowed ratio of approximately 73.0%:

| <u>Tier</u> | <u>Projected Membership Distribution</u> | <u>Actuarial Value</u> |
|-------------|--|------------------------|
| Bronze | 20% | 60.0% |
| Silver | 30% | 70.0% |
| Gold | 50% | 80.0% |
| Total | 100% | 73.0% |

Risk Adjustment and Reinsurance

Projected Risk Adjustments PMPM:

Aetna is projecting a neutral impact of risk adjustment. We expect that we will have membership enrolled at approximately the market morbidity.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only):

We are projecting an assessment of \$5.25 per member per month and no reinsurance payments.

Non-Benefit Expenses and Profit & Risk

Non-benefit expense and profit & risk loads are determined on a percentage of premium basis. We calculate the expected equivalent percentage of premium to determine the required premium level. Premiums for all plans and products in this market reflect this target percentage for expenses and profit.

Administrative Expense Load: Projected 11.1% for general administrative expenses, plus 4.13% for commissions. These projections are derived from corporate experience for individual products and

projections of Aetna's Small Group market enrollment in 2014 and changes in Aetna's cost structure from the 2012 experience.

Profit (or Contribution to Surplus) & Risk Margin: 4% AFIT profit margin

Taxes and Fees: Projected .05% for Patient Center Outcomes Research Fee, plus 2.6% Health Insurer Fee (pre-tax), and 2.25% State Premium Tax.

Projected Loss Ratio

The projected loss ratio using the Federally prescribed MLR methodology is 80.2%, not including the credibility adjustment.

Index Rate

The index rates for the experience and projection periods are set equal to the actual and projected allowed claims, respectively, less non-essential health benefits (non-EHBs). The non-EHBs in the experience period are coverage for an adult eye exam every 12 months and an optional dental rider. The non-EHBs in the projection period are coverage for an adult eye exam every 12 months.

Historical claims for the dental rider are derived from a separate reporting system. We treat the full amount of these claims as non-EHBs. Non-EHB claims for the adult eye exams are estimated based on Aetna's historical claims costs for this service.

This index rate reflects the projected mix of business by plans. The AV pricing values for each plan were set based on the actuarial value and cost-sharing design of the plan as well as the plan's provider network, delivery system characteristics, and utilization management practices. Rates do not differ for any characteristic other than those allowable under the regulations as described in as described in 45 CFR Part 156, §156.80(d)(2). Administrative cost variation was not considered in development of AV pricing values.

AV Metal Values

Information regarding AV Metal Value determination including certifications and calculator snapshots will be provided in the memorandum included in the rate filing dated May 30, 2013.

AV Pricing Values

The fixed reference plan is an EHB Silver Plan. Benefit factors were developed taking into account the expected benefit category weights and plan cost sharing. No adjustments were made to benefit factors to differentiate based on morbidity differences or benefit selection.

Membership Projections

The current membership distribution is not meaningful given the magnitude of market changes taking effect on January 1, 2014. Projections were entered at the product level rather than the plan level. Please see the section above on Paid to Allowed Ratio for projections by metallic tier. We

assume that total enrollment will be similar to our current membership. We also have developed a distribution of membership by metal level based on modeling of market enrollment choices but have not developed detailed projections of membership by plan or variant to project membership subject to the cost-sharing subsidy. As such, membership is allocated within each metal level on an equal basis to each plan and then to each cost sharing variation within each Silver plan.

Terminated Products

The following products will be closed to new sales prior to 1/1/2014 and are included in the Terminated Products reporting column in Worksheet 2:

Product IDs: 77422DC002 and 77422DC003

Due to the late guidance, we have listed the terminated products separately but all their experience is still combined into the first terminated product column.

Warning Alerts

Total Premium (TP) differs between Worksheets 1 and 2 by \$2166, or less than 0.02%. This is due to rounding of premiums and the need to allocate member months and dollars evenly to the plans reported at the product level.

Total Allowed Claims (TAC) does not differ between Worksheets 1 and 2. However, the spreadsheet indicates a Warning because it incorrectly subtracts Risk Adjustment and Reinsurance from Worksheet 1 before comparing to Worksheet 2.

Historical Rate Increases are not populated for New Products based on the guidance in instructions dated March 18, 2013. They are also not populated for Terminated Products based on verbal guidance in American Academy of Actuaries call of April 18, 2013, as well as the impracticability of reporting meaningful historical rate increases for a combination of products.

The Index Rate for Projection Period in Worksheet 1 is currently populated based on the most recent effective date to ensure the template is clear from validation errors. It appears that the template is setup to not allow for the Index Rate for Projection Period to be more than the Projected Allowed Experience Claims PMPM

Actuarial Certification

The Actuarial certification for the methodology used to calculate the AV Metal Value for each plan offered under the QHP has been provided separately in the required certification templates. The Actuarial certification for the methodology used to calculate the AV Metal Value for all other plans will be provided in the rate filing dated May 30, 2013.

I hereby certify that the essential health benefit portion of premium upon which advanced payment of premium tax credits (APTCs) was determined appropriately based on the claims expected to be paid for non-EHB benefits and the expected cost sharing and administrative expenses thereupon.

I hereby certify that the index rate is developed in accordance with federal regulations and the index rate and allowable modifiers are used in the development of plan specific premium rates.

In preparing the Part I Unified Rate Review Template, I relied upon information provided by Katherine Musler, FSA MAAA. The information provided consisted of guidance regarding methodology and data definitions to ensure compliance with all guidance and instructions received to date.

The Part I Unified Rate Review Template does not demonstrate the process used by Aetna to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for Federally facilitated exchanges and for certification that the index rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.



David Walker, ASA, MAAA

May 30, 2013

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking | | | | |
|---|---|-----------------------|------------------|--|
| | | | | |
| SERFF Filing #: AETN-128972263 | | | | |
| Company Name: Aetna Life Insurance Company | | | | |
| Form Number(s) of Plan: B1HIXGR-96792-SB 01, B1GR-96814-SB 01 | | | | |
| | | | | |
| | Input Name | Cell in AV Calculator | Input Value Used | Corresponding Page Number where value can be found |
| | HSA/HRA Options | | | |
| | Annual Contribution Amount | E4 | | N/A |
| | Narrow Network Options | | | |
| | 1st Tier Utilization | H4 | | N/A |
| | 2nd Tier Utilization | H5 | | N/A |
| | Plan Benefit Design | | | |
| Tier 1 | Deductible (\$) (Medical) | B10 | \$6,350.00 | |
| | Deductible (\$) (Drug) | C10 | \$6,350.00 | |
| | Deductible (\$) (Combined) | D10 | \$6,350.00 | |
| | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 100% | |
| | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | | |
| | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | 100% | |
| | OOP Maximum (\$) | B12 | \$6,350.00 | |
| | OOP Maximum if Separate (\$) (Medical) | B13 | \$6,350.00 | |
| | OOP Maximum if Separate (\$) (Drug) | C13 | \$0.00 | |
| | | | | |
| Tier 2 | Deductible (\$) (Medical) | F10 | | |
| | Deductible (\$) (Drug) | G10 | | |
| | Deductible (\$) (Combined) | H10 | | |
| | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | | |
| | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | | |
| | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| | OOP Maximum (\$) | F12 | | |
| | OOP Maximum if Separate (\$) (Medical) | F13 | | |
| | OOP Maximum if Separate (\$) (Drug) | G13 | | |
| | | | | |
| | Medical Benefits | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| | Emergency Room Services, Copay, if separate | E18 | \$0.00 | |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | \$0.00 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | \$20.00 | |
| | Specialist Visit, Coinsurance, if different | D21 | | |
| | Specialist Visit, Copay, if separate | E21 | \$0.00 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | \$0.00 | |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | \$0.00 | |
| | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| | Rehabilitative Speech Therapy, Copay, if separate | E27 | \$0.00 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | \$0.00 | |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | \$0.00 | |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| | X-rays and Diagnostic Imaging, Copay, if separate | E33 | \$0.00 | |
| | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | \$0.00 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 100% | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| | | | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| | Emergency Room Services, Copay, if separate | I18 | | |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | | |
| | Specialist Visit, Coinsurance, if different | H21 | | |
| | Specialist Visit, Copay, if separate | I21 | | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | | |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | | |
| | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| | Rehabilitative Speech Therapy, Copay, if separate | I27 | | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | | |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| | Skilled Nursing Facility, Copay, if separate | I34 | | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | | |

| | | | | |
|--|---|-----|---|--|
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | I36 | | |
| Drug Benefits | | | | |
| Tier 1 | Generics, Coinsurance, if different | D38 | | |
| | Generics, Copay, if separate | E38 | | |
| | Preferred Brand Drugs, Coinsurance, if different | D39 | | |
| | Preferred Brand Drugs, Copay, if separate | E39 | | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | D40 | | |
| | Non-Preferred Brand Drugs, Copay, if separate | E40 | | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | D41 | | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | E41 | | |
| Tier 2 | Generics, Coinsurance, if different | H38 | | |
| | Generics, Copay, if separate | I38 | | |
| | Preferred Brand Drugs, Coinsurance, if different | H39 | | |
| | Preferred Brand Drugs, Copay, if separate | I39 | | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | H40 | | |
| | Non-Preferred Brand Drugs, Copay, if separate | I40 | | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | H41 | | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | I41 | | |
| Options for Additional Benefit Design Limits | | | | |
| | Specialty Rx Coinsurance Maximum | B46 | | |
| | Maximum Number of Days for Charging an IP Copay | B48 | | |
| | Number of Visits Before Beginning Primary Care Cost-Sharing | B50 | | |
| | Number of Copays Before Beginning Primary Care Deductible/Coinsurance | B52 | 3 | |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking | | | |
|---|---|-----------------------|--|
| | | | |
| SERFF Filing #: AETN-128972263 | | | |
| Company Name: Aetna Life Insurance Company | | | |
| Form Number(s) of Plan: S1HIXGR-96792-SB 01, S1GR-96814-SB 01 | | | |
| | | | |
| | Input Name | Cell in AV Calculator | Input Value Used |
| | | | Corresponding Page Number where value can be found |
| HSA/HRA Options | | | |
| | Annual Contribution Amount | E4 | N/A |
| Narrow Network Options | | | |
| | 1st Tier Utilization | H4 | N/A |
| | 2nd Tier Utilization | H5 | N/A |
| Plan Benefit Design | | | |
| Tier 1 | Deductible (\$) (Medical) | B10 | \$5,000.00 |
| | Deductible (\$) (Drug) | C10 | \$500.00 |
| | Deductible (\$) (Combined) | D10 | \$5,000.00 |
| | Coinsurance (% , Insurer's Cost Share) (Medical) | B11 | 70% |
| | Coinsurance (% , Insurer's Cost Share) (Drug) | C11 | 50% |
| | Coinsurance (% , Insurer's Cost Share) (Combined) | D11 | |
| | OOP Maximum (\$) | B12 | \$6,350.00 |
| | OOP Maximum if Separate (\$) (Medical) | B13 | \$6,350.00 |
| | OOP Maximum if Separate (\$) (Drug) | C13 | \$0.00 |
| | | | |
| Tier 2 | Deductible (\$) (Medical) | F10 | |
| | Deductible (\$) (Drug) | G10 | |
| | Deductible (\$) (Combined) | H10 | |
| | Coinsurance (% , Insurer's Cost Share) (Medical) | F11 | |
| | Coinsurance (% , Insurer's Cost Share) (Drug) | G11 | |
| | Coinsurance (% , Insurer's Cost Share) (Combined) | H11 | |
| | OOP Maximum (\$) | F12 | |
| | OOP Maximum if Separate (\$) (Medical) | F13 | |
| | OOP Maximum if Separate (\$) (Drug) | G13 | |
| | | | |
| Medical Benefits | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | |
| | Emergency Room Services, Copay, if separate | E18 | \$400.00 |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | 70% |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | \$30.00 |
| | Specialist Visit, Coinsurance, if different | D21 | |
| | Specialist Visit, Copay, if separate | E21 | \$60.00 |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | \$25.00 |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | 70% |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | |
| | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | |
| | Rehabilitative Speech Therapy, Copay, if separate | E27 | \$30.00 |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | \$30.00 |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | \$30.00 |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | |
| | X-rays and Diagnostic Imaging, Copay, if separate | E33 | \$60.00 |
| | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | 70% |
| | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 70% |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | 70% |
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | |
| | | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | |
| | Emergency Room Services, Copay, if separate | I18 | |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | |
| | Specialist Visit, Coinsurance, if different | H21 | |
| | Specialist Visit, Copay, if separate | I21 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | |
| | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | |
| | Rehabilitative Speech Therapy, Copay, if separate | I27 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | |
| | X-rays and Diagnostic Imaging, Copay, if separate | I33 | |
| | Skilled Nursing Facility, Coinsurance, if different | H34 | |
| | Skilled Nursing Facility, Copay, if separate | I34 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | |

| | | | | |
|--|---|-----|----------|--|
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | I36 | | |
| Drug Benefits | | | | |
| Tier 1 | Generics, Coinsurance, if different | D38 | | |
| | Generics, Copay, if separate | E38 | \$10.00 | |
| | Preferred Brand Drugs, Coinsurance, if different | D39 | | |
| | Preferred Brand Drugs, Copay, if separate | E39 | \$60.00 | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | D40 | 50% | |
| | Non-Preferred Brand Drugs, Copay, if separate | E40 | | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | D41 | 50% | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | E41 | | |
| Tier 2 | Generics, Coinsurance, if different | H38 | | |
| | Generics, Copay, if separate | I38 | | |
| | Preferred Brand Drugs, Coinsurance, if different | H39 | | |
| | Preferred Brand Drugs, Copay, if separate | I39 | | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | H40 | | |
| | Non-Preferred Brand Drugs, Copay, if separate | I40 | | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | H41 | | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | I41 | | |
| Options for Additional Benefit Design Limits | | | | |
| | Specialty Rx Coinsurance Maximum | B46 | \$500.00 | |
| | Maximum Number of Days for Charging an IP Copay | B48 | | |
| | Number of Visits Before Beginning Primary Care Cost-Sharing | B50 | | |
| | Number of Copays Before Beginning Primary Care Deductible/Coinsurance | B52 | | |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking | | | |
|---|---|-----------------------|--|
| | | | |
| SERFF Filing #: AETN-128972263 | | | |
| Company Name: Aetna Life Insurance Company | | | |
| Form Number(s) of Plan: G1HIXGR-96792-SB 01, G1GR-96814-SB 01 | | | |
| | | | |
| | Input Name | Cell in AV Calculator | Input Value Used |
| | | | Corresponding Page Number where value can be found |
| HSA/HRA Options | | | |
| | Annual Contribution Amount | E4 | N/A |
| Narrow Network Options | | | |
| | 1st Tier Utilization | H4 | N/A |
| | 2nd Tier Utilization | H5 | N/A |
| Plan Benefit Design | | | |
| Tier 1 | Deductible (\$) (Medical) | B10 | \$2,000.00 |
| | Deductible (\$) (Drug) | C10 | \$500.00 |
| | Deductible (\$) (Combined) | D10 | \$2,000.00 |
| | Coinsurance (% , Insurer's Cost Share) (Medical) | B11 | 70% |
| | Coinsurance (% , Insurer's Cost Share) (Drug) | C11 | 50% |
| | Coinsurance (% , Insurer's Cost Share) (Combined) | D11 | |
| | OOP Maximum (\$) | B12 | \$4,500.00 |
| | OOP Maximum if Separate (\$) (Medical) | B13 | \$4,500.00 |
| | OOP Maximum if Separate (\$) (Drug) | C13 | \$0.00 |
| | | | |
| Tier 2 | Deductible (\$) (Medical) | F10 | |
| | Deductible (\$) (Drug) | G10 | |
| | Deductible (\$) (Combined) | H10 | |
| | Coinsurance (% , Insurer's Cost Share) (Medical) | F11 | |
| | Coinsurance (% , Insurer's Cost Share) (Drug) | G11 | |
| | Coinsurance (% , Insurer's Cost Share) (Combined) | H11 | |
| | OOP Maximum (\$) | F12 | |
| | OOP Maximum if Separate (\$) (Medical) | F13 | |
| | OOP Maximum if Separate (\$) (Drug) | G13 | |
| | | | |
| Medical Benefits | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | |
| | Emergency Room Services, Copay, if separate | E18 | \$250.00 |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | 70% |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | \$10.00 |
| | Specialist Visit, Coinsurance, if different | D21 | |
| | Specialist Visit, Copay, if separate | E21 | \$30.00 |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | \$25.00 |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | 70% |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | |
| | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | 70% |
| | Rehabilitative Speech Therapy, Copay, if separate | E27 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | 70% |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | \$0.00 |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | |
| | X-rays and Diagnostic Imaging, Copay, if separate | E33 | \$10.00 |
| | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | 70% |
| | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 70% |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | 70% |
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | |
| | | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | |
| | Emergency Room Services, Copay, if separate | I18 | |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | |
| | Specialist Visit, Coinsurance, if different | H21 | |
| | Specialist Visit, Copay, if separate | I21 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | |
| | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | |
| | Rehabilitative Speech Therapy, Copay, if separate | I27 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | |
| | X-rays and Diagnostic Imaging, Copay, if separate | I33 | |
| | Skilled Nursing Facility, Coinsurance, if different | H34 | |
| | Skilled Nursing Facility, Copay, if separate | I34 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | |

| | | | | |
|--|---|-----|----------|--|
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | I36 | | |
| Drug Benefits | | | | |
| Tier 1 | Generics, Coinsurance, if different | D38 | | |
| | Generics, Copay, if separate | E38 | \$4.00 | |
| | Preferred Brand Drugs, Coinsurance, if different | D39 | | |
| | Preferred Brand Drugs, Copay, if separate | E39 | \$50.00 | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | D40 | 50% | |
| | Non-Preferred Brand Drugs, Copay, if separate | E40 | | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | D41 | 50% | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | E41 | | |
| Tier 2 | Generics, Coinsurance, if different | H38 | | |
| | Generics, Copay, if separate | I38 | | |
| | Preferred Brand Drugs, Coinsurance, if different | H39 | | |
| | Preferred Brand Drugs, Copay, if separate | I39 | | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | H40 | | |
| | Non-Preferred Brand Drugs, Copay, if separate | I40 | | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | H41 | | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | I41 | | |
| Options for Additional Benefit Design Limits | | | | |
| | Specialty Rx Coinsurance Maximum | B46 | \$500.00 | |
| | Maximum Number of Days for Charging an IP Copay | B48 | | |
| | Number of Visits Before Beginning Primary Care Cost-Sharing | B50 | | |
| | Number of Copays Before Beginning Primary Care Deductible/Coinsurance | B52 | | |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking | | | |
|---|---|-----------------------|--|
| | | | |
| SERFF Filing #: AETN-128972263 | | | |
| Company Name: Aetna Life Insurance Company | | | |
| Form Number(s) of Plan: S2HIXGR-96792-SB 01, S2GR-96814-SB 01 | | | |
| | | | |
| | Input Name | Cell in AV Calculator | Input Value Used |
| | | | Corresponding Page Number where value can be found |
| HSA/HRA Options | | | |
| | Annual Contribution Amount | E4 | N/A |
| Narrow Network Options | | | |
| | 1st Tier Utilization | H4 | N/A |
| | 2nd Tier Utilization | H5 | N/A |
| Plan Benefit Design | | | |
| Tier 1 | Deductible (\$) (Medical) | B10 | \$2,000.00 |
| | Deductible (\$) (Drug) | C10 | \$2,000.00 |
| | Deductible (\$) (Combined) | D10 | \$2,000.00 |
| | Coinsurance (% , Insurer's Cost Share) (Medical) | B11 | |
| | Coinsurance (% , Insurer's Cost Share) (Drug) | C11 | |
| | Coinsurance (% , Insurer's Cost Share) (Combined) | D11 | 90% |
| | OOP Maximum (\$) | B12 | \$6,250.00 |
| | OOP Maximum if Separate (\$) (Medical) | B13 | \$6,250.00 |
| | OOP Maximum if Separate (\$) (Drug) | C13 | \$0.00 |
| | | | |
| Tier 2 | Deductible (\$) (Medical) | F10 | |
| | Deductible (\$) (Drug) | G10 | |
| | Deductible (\$) (Combined) | H10 | |
| | Coinsurance (% , Insurer's Cost Share) (Medical) | F11 | |
| | Coinsurance (% , Insurer's Cost Share) (Drug) | G11 | |
| | Coinsurance (% , Insurer's Cost Share) (Combined) | H11 | |
| | OOP Maximum (\$) | F12 | |
| | OOP Maximum if Separate (\$) (Medical) | F13 | |
| | OOP Maximum if Separate (\$) (Drug) | G13 | |
| | | | |
| Medical Benefits | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | 90% |
| | Emergency Room Services, Copay, if separate | E18 | |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | 90% |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | 90% |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | |
| | Specialist Visit, Coinsurance, if different | D21 | 90% |
| | Specialist Visit, Copay, if separate | E21 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | 90% |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | 90% |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | |
| | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | 90% |
| | Rehabilitative Speech Therapy, Copay, if separate | E27 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | 90% |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | 90% |
| | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | 90% |
| | X-rays and Diagnostic Imaging, Copay, if separate | E33 | |
| | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | 90% |
| | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 90% |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | 90% |
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | |
| | | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | |
| | Emergency Room Services, Copay, if separate | I18 | |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | |
| | Specialist Visit, Coinsurance, if different | H21 | |
| | Specialist Visit, Copay, if separate | I21 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | |
| | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | |
| | Rehabilitative Speech Therapy, Copay, if separate | I27 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | |
| | X-rays and Diagnostic Imaging, Copay, if separate | I33 | |
| | Skilled Nursing Facility, Coinsurance, if different | H34 | |
| | Skilled Nursing Facility, Copay, if separate | I34 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | |

| | | | | |
|--|---|-----|----------|--|
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | I36 | | |
| Drug Benefits | | | | |
| Tier 1 | Generics, Coinsurance, if different | D38 | | |
| | Generics, Copay, if separate | E38 | \$15.00 | |
| | Preferred Brand Drugs, Coinsurance, if different | D39 | | |
| | Preferred Brand Drugs, Copay, if separate | E39 | \$50.00 | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | D40 | | |
| | Non-Preferred Brand Drugs, Copay, if separate | E40 | \$100.00 | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | D41 | | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | E41 | \$300.00 | |
| Tier 2 | Generics, Coinsurance, if different | H38 | | |
| | Generics, Copay, if separate | I38 | | |
| | Preferred Brand Drugs, Coinsurance, if different | H39 | | |
| | Preferred Brand Drugs, Copay, if separate | I39 | | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | H40 | | |
| | Non-Preferred Brand Drugs, Copay, if separate | I40 | | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | H41 | | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | I41 | | |
| Options for Additional Benefit Design Limits | | | | |
| | Specialty Rx Coinsurance Maximum | B46 | | |
| | Maximum Number of Days for Charging an IP Copay | B48 | | |
| | Number of Visits Before Beginning Primary Care Cost-Sharing | B50 | | |
| | Number of Copays Before Beginning Primary Care Deductible/Coinsurance | B52 | | |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking | | | |
|---|---|-----------------------|--|
| | | | |
| SERFF Filing #: AETN-128972263 | | | |
| Company Name: Aetna Life Insurance Company | | | |
| Form Number(s) of Plan: G2HIXGR-96792-SB 01, G2GR-96814-SB 01 | | | |
| | | | |
| | Input Name | Cell in AV Calculator | Input Value Used |
| | | | Corresponding Page Number where value can be found |
| HSA/HRA Options | | | |
| | Annual Contribution Amount | E4 | N/A |
| Narrow Network Options | | | |
| | 1st Tier Utilization | H4 | N/A |
| | 2nd Tier Utilization | H5 | N/A |
| Plan Benefit Design | | | |
| Tier 1 | Deductible (\$) (Medical) | B10 | \$0.00 |
| | Deductible (\$) (Drug) | C10 | \$0.00 |
| | Deductible (\$) (Combined) | D10 | \$0.00 |
| | Coinsurance (% , Insurer's Cost Share) (Medical) | B11 | 70% |
| | Coinsurance (% , Insurer's Cost Share) (Drug) | C11 | 100% |
| | Coinsurance (% , Insurer's Cost Share) (Combined) | D11 | |
| | OOP Maximum (\$) | B12 | \$5,000.00 |
| | OOP Maximum if Separate (\$) (Medical) | B13 | \$5,000.00 |
| | OOP Maximum if Separate (\$) (Drug) | C13 | \$0.00 |
| | | | |
| Tier 2 | Deductible (\$) (Medical) | F10 | |
| | Deductible (\$) (Drug) | G10 | |
| | Deductible (\$) (Combined) | H10 | |
| | Coinsurance (% , Insurer's Cost Share) (Medical) | F11 | |
| | Coinsurance (% , Insurer's Cost Share) (Drug) | G11 | |
| | Coinsurance (% , Insurer's Cost Share) (Combined) | H11 | |
| | OOP Maximum (\$) | F12 | |
| | OOP Maximum if Separate (\$) (Medical) | F13 | |
| | OOP Maximum if Separate (\$) (Drug) | G13 | |
| | | | |
| Medical Benefits | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | |
| | Emergency Room Services, Copay, if separate | E18 | \$300.00 |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | 70% |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | \$30.00 |
| | Specialist Visit, Coinsurance, if different | D21 | |
| | Specialist Visit, Copay, if separate | E21 | \$50.00 |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | \$25.00 |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | \$300.00 |
| | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | |
| | Rehabilitative Speech Therapy, Copay, if separate | E27 | \$50.00 |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | \$29.16 |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | \$15.00 |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | |
| | X-rays and Diagnostic Imaging, Copay, if separate | E33 | \$50.00 |
| | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | 70% |
| | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 70% |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | 72% |
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | |
| | | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | |
| | Emergency Room Services, Copay, if separate | I18 | |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | |
| | Specialist Visit, Coinsurance, if different | H21 | |
| | Specialist Visit, Copay, if separate | I21 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | |
| | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | |
| | Rehabilitative Speech Therapy, Copay, if separate | I27 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | |
| | X-rays and Diagnostic Imaging, Copay, if separate | I33 | |
| | Skilled Nursing Facility, Coinsurance, if different | H34 | |
| | Skilled Nursing Facility, Copay, if separate | I34 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | |

| | | | | |
|--|---|-----|----------|--|
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | I36 | | |
| Drug Benefits | | | | |
| Tier 1 | Generics, Coinsurance, if different | D38 | | |
| | Generics, Copay, if separate | E38 | \$15.00 | |
| | Preferred Brand Drugs, Coinsurance, if different | D39 | | |
| | Preferred Brand Drugs, Copay, if separate | E39 | \$50.00 | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | D40 | | |
| | Non-Preferred Brand Drugs, Copay, if separate | E40 | \$100.00 | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | D41 | | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | E41 | \$300.00 | |
| Tier 2 | Generics, Coinsurance, if different | H38 | | |
| | Generics, Copay, if separate | I38 | | |
| | Preferred Brand Drugs, Coinsurance, if different | H39 | | |
| | Preferred Brand Drugs, Copay, if separate | I39 | | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | H40 | | |
| | Non-Preferred Brand Drugs, Copay, if separate | I40 | | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | H41 | | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | I41 | | |
| Options for Additional Benefit Design Limits | | | | |
| | Specialty Rx Coinsurance Maximum | B46 | | |
| | Maximum Number of Days for Charging an IP Copay | B48 | | |
| | Number of Visits Before Beginning Primary Care Cost-Sharing | B50 | | |
| | Number of Copays Before Beginning Primary Care Deductible/Coinsurance | B52 | | |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking | | | |
|---|---|-----------------------|--|
| | | | |
| SERFF Filing #: AETN-128972263 | | | |
| Company Name: Aetna Life Insurance Company | | | |
| Form Number(s) of Plan: G3HIXGR-96792-SB 01, G3GR-96814-SB 01 | | | |
| | | | |
| | Input Name | Cell in AV Calculator | Input Value Used |
| | | | Corresponding Page Number where value can be found |
| HSA/HRA Options | | | |
| | Annual Contribution Amount | E4 | N/A |
| Narrow Network Options | | | |
| | 1st Tier Utilization | H4 | N/A |
| | 2nd Tier Utilization | H5 | N/A |
| Plan Benefit Design | | | |
| Tier 1 | Deductible (\$) (Medical) | B10 | \$0.00 |
| | Deductible (\$) (Drug) | C10 | \$0.00 |
| | Deductible (\$) (Combined) | D10 | \$0.00 |
| | Coinsurance (% , Insurer's Cost Share) (Medical) | B11 | 89% |
| | Coinsurance (% , Insurer's Cost Share) (Drug) | C11 | 100% |
| | Coinsurance (% , Insurer's Cost Share) (Combined) | D11 | |
| | OOP Maximum (\$) | B12 | \$5,000.00 |
| | OOP Maximum if Separate (\$) (Medical) | B13 | \$5,000.00 |
| | OOP Maximum if Separate (\$) (Drug) | C13 | \$0.00 |
| | | | |
| Tier 2 | Deductible (\$) (Medical) | F10 | |
| | Deductible (\$) (Drug) | G10 | |
| | Deductible (\$) (Combined) | H10 | |
| | Coinsurance (% , Insurer's Cost Share) (Medical) | F11 | |
| | Coinsurance (% , Insurer's Cost Share) (Drug) | G11 | |
| | Coinsurance (% , Insurer's Cost Share) (Combined) | H11 | |
| | OOP Maximum (\$) | F12 | |
| | OOP Maximum if Separate (\$) (Medical) | F13 | |
| | OOP Maximum if Separate (\$) (Drug) | G13 | |
| | | | |
| Medical Benefits | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | |
| | Emergency Room Services, Copay, if separate | E18 | \$300.00 |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | 90% |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | \$30.00 |
| | Specialist Visit, Coinsurance, if different | D21 | |
| | Specialist Visit, Copay, if separate | E21 | \$50.00 |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | \$25.00 |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | \$300.00 |
| | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | |
| | Rehabilitative Speech Therapy, Copay, if separate | E27 | \$50.00 |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | \$29.16 |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | \$15.00 |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | |
| | X-rays and Diagnostic Imaging, Copay, if separate | E33 | \$50.00 |
| | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | 90% |
| | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 90% |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | 85% |
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | |
| | | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | |
| | Emergency Room Services, Copay, if separate | I18 | |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | |
| | Specialist Visit, Coinsurance, if different | H21 | |
| | Specialist Visit, Copay, if separate | I21 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | |
| | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | |
| | Rehabilitative Speech Therapy, Copay, if separate | I27 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | |
| | X-rays and Diagnostic Imaging, Copay, if separate | I33 | |
| | Skilled Nursing Facility, Coinsurance, if different | H34 | |
| | Skilled Nursing Facility, Copay, if separate | I34 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | |

| | | | | |
|--|---|-----|----------|--|
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | I36 | | |
| Drug Benefits | | | | |
| Tier 1 | Generics, Coinsurance, if different | D38 | | |
| | Generics, Copay, if separate | E38 | \$15.00 | |
| | Preferred Brand Drugs, Coinsurance, if different | D39 | | |
| | Preferred Brand Drugs, Copay, if separate | E39 | \$50.00 | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | D40 | | |
| | Non-Preferred Brand Drugs, Copay, if separate | E40 | \$100.00 | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | D41 | | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | E41 | \$300.00 | |
| Tier 2 | Generics, Coinsurance, if different | H38 | | |
| | Generics, Copay, if separate | I38 | | |
| | Preferred Brand Drugs, Coinsurance, if different | H39 | | |
| | Preferred Brand Drugs, Copay, if separate | I39 | | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | H40 | | |
| | Non-Preferred Brand Drugs, Copay, if separate | I40 | | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | H41 | | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | I41 | | |
| Options for Additional Benefit Design Limits | | | | |
| | Specialty Rx Coinsurance Maximum | B46 | | |
| | Maximum Number of Days for Charging an IP Copay | B48 | | |
| | Number of Visits Before Beginning Primary Care Cost-Sharing | B50 | | |
| | Number of Copays Before Beginning Primary Care Deductible/Coinsurance | B52 | | |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking | | | | |
|---|---|-----------------------|------------------|--|
| | | | | |
| SERFF Filing #: AETN-128972263 | | | | |
| Company Name: Aetna Life Insurance Company | | | | |
| Form Number(s) of Plan: B1HIXGR-96792-SB 01, B1GR-96814-SB 01 | | | | |
| | | | | |
| | Input Name | Cell in AV Calculator | Input Value Used | Corresponding Page Number where value can be found |
| | HSA/HRA Options | | | |
| | Annual Contribution Amount | E4 | | N/A |
| | Narrow Network Options | | | |
| | 1st Tier Utilization | H4 | | N/A |
| | 2nd Tier Utilization | H5 | | N/A |
| | Plan Benefit Design | | | |
| Tier 1 | Deductible (\$) (Medical) | B10 | \$6,350.00 | |
| | Deductible (\$) (Drug) | C10 | \$6,350.00 | |
| | Deductible (\$) (Combined) | D10 | \$6,350.00 | |
| | Coinsurance (%, Insurer's Cost Share) (Medical) | B11 | 100% | |
| | Coinsurance (%, Insurer's Cost Share) (Drug) | C11 | | |
| | Coinsurance (%, Insurer's Cost Share) (Combined) | D11 | 100% | |
| | OOP Maximum (\$) | B12 | \$6,350.00 | |
| | OOP Maximum if Separate (\$) (Medical) | B13 | \$6,350.00 | |
| | OOP Maximum if Separate (\$) (Drug) | C13 | \$0.00 | |
| | | | | |
| Tier 2 | Deductible (\$) (Medical) | F10 | | |
| | Deductible (\$) (Drug) | G10 | | |
| | Deductible (\$) (Combined) | H10 | | |
| | Coinsurance (%, Insurer's Cost Share) (Medical) | F11 | | |
| | Coinsurance (%, Insurer's Cost Share) (Drug) | G11 | | |
| | Coinsurance (%, Insurer's Cost Share) (Combined) | H11 | | |
| | OOP Maximum (\$) | F12 | | |
| | OOP Maximum if Separate (\$) (Medical) | F13 | | |
| | OOP Maximum if Separate (\$) (Drug) | G13 | | |
| | | | | |
| | Medical Benefits | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | | |
| | Emergency Room Services, Copay, if separate | E18 | \$0.00 | |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | | |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | \$0.00 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | \$20.00 | |
| | Specialist Visit, Coinsurance, if different | D21 | | |
| | Specialist Visit, Copay, if separate | E21 | \$0.00 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | \$0.00 | |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | | |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | \$0.00 | |
| | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | | |
| | Rehabilitative Speech Therapy, Copay, if separate | E27 | \$0.00 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | \$0.00 | |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | \$0.00 | |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | | |
| | X-rays and Diagnostic Imaging, Copay, if separate | E33 | \$0.00 | |
| | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | | |
| | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | \$0.00 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 100% | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | | |
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | | |
| | | | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | | |
| | Emergency Room Services, Copay, if separate | I18 | | |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | | |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | | |
| | Specialist Visit, Coinsurance, if different | H21 | | |
| | Specialist Visit, Copay, if separate | I21 | | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | | |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | | |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | | |
| | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | | |
| | Rehabilitative Speech Therapy, Copay, if separate | I27 | | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | | |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | | |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | | |
| | X-rays and Diagnostic Imaging, Copay, if separate | I33 | | |
| | Skilled Nursing Facility, Coinsurance, if different | H34 | | |
| | Skilled Nursing Facility, Copay, if separate | I34 | | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | | |

| | | | | |
|--|---|-----|---|--|
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | I36 | | |
| Drug Benefits | | | | |
| Tier 1 | Generics, Coinsurance, if different | D38 | | |
| | Generics, Copay, if separate | E38 | | |
| | Preferred Brand Drugs, Coinsurance, if different | D39 | | |
| | Preferred Brand Drugs, Copay, if separate | E39 | | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | D40 | | |
| | Non-Preferred Brand Drugs, Copay, if separate | E40 | | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | D41 | | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | E41 | | |
| Tier 2 | Generics, Coinsurance, if different | H38 | | |
| | Generics, Copay, if separate | I38 | | |
| | Preferred Brand Drugs, Coinsurance, if different | H39 | | |
| | Preferred Brand Drugs, Copay, if separate | I39 | | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | H40 | | |
| | Non-Preferred Brand Drugs, Copay, if separate | I40 | | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | H41 | | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | I41 | | |
| Options for Additional Benefit Design Limits | | | | |
| | Specialty Rx Coinsurance Maximum | B46 | | |
| | Maximum Number of Days for Charging an IP Copay | B48 | | |
| | Number of Visits Before Beginning Primary Care Cost-Sharing | B50 | | |
| | Number of Copays Before Beginning Primary Care Deductible/Coinsurance | B52 | 3 | |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking | | | |
|---|---|-----------------------|--|
| | | | |
| SERFF Filing #: AETN-128972263 | | | |
| Company Name: Aetna Life Insurance Company | | | |
| Form Number(s) of Plan: S1HIXGR-96792-SB 01, S1GR-96814-SB 01 | | | |
| | | | |
| | Input Name | Cell in AV Calculator | Input Value Used |
| | | | Corresponding Page Number where value can be found |
| HSA/HRA Options | | | |
| | Annual Contribution Amount | E4 | N/A |
| Narrow Network Options | | | |
| | 1st Tier Utilization | H4 | N/A |
| | 2nd Tier Utilization | H5 | N/A |
| Plan Benefit Design | | | |
| Tier 1 | Deductible (\$) (Medical) | B10 | \$5,000.00 |
| | Deductible (\$) (Drug) | C10 | \$500.00 |
| | Deductible (\$) (Combined) | D10 | \$5,000.00 |
| | Coinsurance (% , Insurer's Cost Share) (Medical) | B11 | 70% |
| | Coinsurance (% , Insurer's Cost Share) (Drug) | C11 | 50% |
| | Coinsurance (% , Insurer's Cost Share) (Combined) | D11 | |
| | OOP Maximum (\$) | B12 | \$6,350.00 |
| | OOP Maximum if Separate (\$) (Medical) | B13 | \$6,350.00 |
| | OOP Maximum if Separate (\$) (Drug) | C13 | \$0.00 |
| | | | |
| Tier 2 | Deductible (\$) (Medical) | F10 | |
| | Deductible (\$) (Drug) | G10 | |
| | Deductible (\$) (Combined) | H10 | |
| | Coinsurance (% , Insurer's Cost Share) (Medical) | F11 | |
| | Coinsurance (% , Insurer's Cost Share) (Drug) | G11 | |
| | Coinsurance (% , Insurer's Cost Share) (Combined) | H11 | |
| | OOP Maximum (\$) | F12 | |
| | OOP Maximum if Separate (\$) (Medical) | F13 | |
| | OOP Maximum if Separate (\$) (Drug) | G13 | |
| | | | |
| Medical Benefits | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | |
| | Emergency Room Services, Copay, if separate | E18 | \$400.00 |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | 70% |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | \$30.00 |
| | Specialist Visit, Coinsurance, if different | D21 | |
| | Specialist Visit, Copay, if separate | E21 | \$60.00 |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | \$25.00 |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | 70% |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | |
| | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | |
| | Rehabilitative Speech Therapy, Copay, if separate | E27 | \$30.00 |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | \$30.00 |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | \$30.00 |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | |
| | X-rays and Diagnostic Imaging, Copay, if separate | E33 | \$60.00 |
| | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | 70% |
| | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 70% |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | 70% |
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | |
| | | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | |
| | Emergency Room Services, Copay, if separate | I18 | |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | |
| | Specialist Visit, Coinsurance, if different | H21 | |
| | Specialist Visit, Copay, if separate | I21 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | |
| | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | |
| | Rehabilitative Speech Therapy, Copay, if separate | I27 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | |
| | X-rays and Diagnostic Imaging, Copay, if separate | I33 | |
| | Skilled Nursing Facility, Coinsurance, if different | H34 | |
| | Skilled Nursing Facility, Copay, if separate | I34 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | |

| | | | | |
|--|---|-----|----------|--|
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | I36 | | |
| Drug Benefits | | | | |
| Tier 1 | Generics, Coinsurance, if different | D38 | | |
| | Generics, Copay, if separate | E38 | \$10.00 | |
| | Preferred Brand Drugs, Coinsurance, if different | D39 | | |
| | Preferred Brand Drugs, Copay, if separate | E39 | \$60.00 | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | D40 | 50% | |
| | Non-Preferred Brand Drugs, Copay, if separate | E40 | | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | D41 | 50% | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | E41 | | |
| Tier 2 | Generics, Coinsurance, if different | H38 | | |
| | Generics, Copay, if separate | I38 | | |
| | Preferred Brand Drugs, Coinsurance, if different | H39 | | |
| | Preferred Brand Drugs, Copay, if separate | I39 | | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | H40 | | |
| | Non-Preferred Brand Drugs, Copay, if separate | I40 | | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | H41 | | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | I41 | | |
| Options for Additional Benefit Design Limits | | | | |
| | Specialty Rx Coinsurance Maximum | B46 | \$500.00 | |
| | Maximum Number of Days for Charging an IP Copay | B48 | | |
| | Number of Visits Before Beginning Primary Care Cost-Sharing | B50 | | |
| | Number of Copays Before Beginning Primary Care Deductible/Coinsurance | B52 | | |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking | | | |
|---|---|-----------------------|--|
| | | | |
| SERFF Filing #: AETN-128972263 | | | |
| Company Name: Aetna Life Insurance Company | | | |
| Form Number(s) of Plan: G1HIXGR-96792-SB 01, G1GR-96814-SB 01 | | | |
| | | | |
| | Input Name | Cell in AV Calculator | Input Value Used |
| | | | Corresponding Page Number where value can be found |
| HSA/HRA Options | | | |
| | Annual Contribution Amount | E4 | N/A |
| Narrow Network Options | | | |
| | 1st Tier Utilization | H4 | N/A |
| | 2nd Tier Utilization | H5 | N/A |
| Plan Benefit Design | | | |
| Tier 1 | Deductible (\$) (Medical) | B10 | \$2,000.00 |
| | Deductible (\$) (Drug) | C10 | \$500.00 |
| | Deductible (\$) (Combined) | D10 | \$2,000.00 |
| | Coinsurance (% , Insurer's Cost Share) (Medical) | B11 | 70% |
| | Coinsurance (% , Insurer's Cost Share) (Drug) | C11 | 50% |
| | Coinsurance (% , Insurer's Cost Share) (Combined) | D11 | |
| | OOP Maximum (\$) | B12 | \$4,500.00 |
| | OOP Maximum if Separate (\$) (Medical) | B13 | \$4,500.00 |
| | OOP Maximum if Separate (\$) (Drug) | C13 | \$0.00 |
| | | | |
| Tier 2 | Deductible (\$) (Medical) | F10 | |
| | Deductible (\$) (Drug) | G10 | |
| | Deductible (\$) (Combined) | H10 | |
| | Coinsurance (% , Insurer's Cost Share) (Medical) | F11 | |
| | Coinsurance (% , Insurer's Cost Share) (Drug) | G11 | |
| | Coinsurance (% , Insurer's Cost Share) (Combined) | H11 | |
| | OOP Maximum (\$) | F12 | |
| | OOP Maximum if Separate (\$) (Medical) | F13 | |
| | OOP Maximum if Separate (\$) (Drug) | G13 | |
| | | | |
| Medical Benefits | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | |
| | Emergency Room Services, Copay, if separate | E18 | \$250.00 |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | 70% |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | \$10.00 |
| | Specialist Visit, Coinsurance, if different | D21 | |
| | Specialist Visit, Copay, if separate | E21 | \$30.00 |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | \$25.00 |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | 70% |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | |
| | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | 70% |
| | Rehabilitative Speech Therapy, Copay, if separate | E27 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | 70% |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | \$0.00 |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | |
| | X-rays and Diagnostic Imaging, Copay, if separate | E33 | \$10.00 |
| | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | 70% |
| | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 70% |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | 70% |
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | |
| | | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | |
| | Emergency Room Services, Copay, if separate | I18 | |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | |
| | Specialist Visit, Coinsurance, if different | H21 | |
| | Specialist Visit, Copay, if separate | I21 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | |
| | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | |
| | Rehabilitative Speech Therapy, Copay, if separate | I27 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | |
| | X-rays and Diagnostic Imaging, Copay, if separate | I33 | |
| | Skilled Nursing Facility, Coinsurance, if different | H34 | |
| | Skilled Nursing Facility, Copay, if separate | I34 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | |

| | | | | |
|--|---|-----|----------|--|
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | I36 | | |
| Drug Benefits | | | | |
| Tier 1 | Generics, Coinsurance, if different | D38 | | |
| | Generics, Copay, if separate | E38 | \$4.00 | |
| | Preferred Brand Drugs, Coinsurance, if different | D39 | | |
| | Preferred Brand Drugs, Copay, if separate | E39 | \$50.00 | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | D40 | 50% | |
| | Non-Preferred Brand Drugs, Copay, if separate | E40 | | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | D41 | 50% | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | E41 | | |
| Tier 2 | Generics, Coinsurance, if different | H38 | | |
| | Generics, Copay, if separate | I38 | | |
| | Preferred Brand Drugs, Coinsurance, if different | H39 | | |
| | Preferred Brand Drugs, Copay, if separate | I39 | | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | H40 | | |
| | Non-Preferred Brand Drugs, Copay, if separate | I40 | | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | H41 | | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | I41 | | |
| Options for Additional Benefit Design Limits | | | | |
| | Specialty Rx Coinsurance Maximum | B46 | \$500.00 | |
| | Maximum Number of Days for Charging an IP Copay | B48 | | |
| | Number of Visits Before Beginning Primary Care Cost-Sharing | B50 | | |
| | Number of Copays Before Beginning Primary Care Deductible/Coinsurance | B52 | | |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking | | | |
|---|---|-----------------------|--|
| | | | |
| SERFF Filing #: AETN-128972263 | | | |
| Company Name: Aetna Life Insurance Company | | | |
| Form Number(s) of Plan: S2HIXGR-96792-SB 01, S2GR-96814-SB 01 | | | |
| | | | |
| | Input Name | Cell in AV Calculator | Input Value Used |
| | | | Corresponding Page Number where value can be found |
| HSA/HRA Options | | | |
| | Annual Contribution Amount | E4 | N/A |
| Narrow Network Options | | | |
| | 1st Tier Utilization | H4 | N/A |
| | 2nd Tier Utilization | H5 | N/A |
| Plan Benefit Design | | | |
| Tier 1 | Deductible (\$) (Medical) | B10 | \$2,000.00 |
| | Deductible (\$) (Drug) | C10 | \$2,000.00 |
| | Deductible (\$) (Combined) | D10 | \$2,000.00 |
| | Coinsurance (% , Insurer's Cost Share) (Medical) | B11 | |
| | Coinsurance (% , Insurer's Cost Share) (Drug) | C11 | |
| | Coinsurance (% , Insurer's Cost Share) (Combined) | D11 | 90% |
| | OOP Maximum (\$) | B12 | \$6,250.00 |
| | OOP Maximum if Separate (\$) (Medical) | B13 | \$6,250.00 |
| | OOP Maximum if Separate (\$) (Drug) | C13 | \$0.00 |
| | | | |
| Tier 2 | Deductible (\$) (Medical) | F10 | |
| | Deductible (\$) (Drug) | G10 | |
| | Deductible (\$) (Combined) | H10 | |
| | Coinsurance (% , Insurer's Cost Share) (Medical) | F11 | |
| | Coinsurance (% , Insurer's Cost Share) (Drug) | G11 | |
| | Coinsurance (% , Insurer's Cost Share) (Combined) | H11 | |
| | OOP Maximum (\$) | F12 | |
| | OOP Maximum if Separate (\$) (Medical) | F13 | |
| | OOP Maximum if Separate (\$) (Drug) | G13 | |
| | | | |
| Medical Benefits | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | 90% |
| | Emergency Room Services, Copay, if separate | E18 | |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | 90% |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | 90% |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | |
| | Specialist Visit, Coinsurance, if different | D21 | 90% |
| | Specialist Visit, Copay, if separate | E21 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | 90% |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | 90% |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | |
| | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | 90% |
| | Rehabilitative Speech Therapy, Copay, if separate | E27 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | 90% |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | 90% |
| | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | 90% |
| | X-rays and Diagnostic Imaging, Copay, if separate | E33 | |
| | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | 90% |
| | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 90% |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | 90% |
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | |
| | | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | |
| | Emergency Room Services, Copay, if separate | I18 | |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | |
| | Specialist Visit, Coinsurance, if different | H21 | |
| | Specialist Visit, Copay, if separate | I21 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | |
| | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | |
| | Rehabilitative Speech Therapy, Copay, if separate | I27 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | |
| | X-rays and Diagnostic Imaging, Copay, if separate | I33 | |
| | Skilled Nursing Facility, Coinsurance, if different | H34 | |
| | Skilled Nursing Facility, Copay, if separate | I34 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | |

| | | | | |
|--|---|-----|----------|--|
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | I36 | | |
| Drug Benefits | | | | |
| Tier 1 | Generics, Coinsurance, if different | D38 | | |
| | Generics, Copay, if separate | E38 | \$15.00 | |
| | Preferred Brand Drugs, Coinsurance, if different | D39 | | |
| | Preferred Brand Drugs, Copay, if separate | E39 | \$50.00 | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | D40 | | |
| | Non-Preferred Brand Drugs, Copay, if separate | E40 | \$100.00 | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | D41 | | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | E41 | \$300.00 | |
| Tier 2 | Generics, Coinsurance, if different | H38 | | |
| | Generics, Copay, if separate | I38 | | |
| | Preferred Brand Drugs, Coinsurance, if different | H39 | | |
| | Preferred Brand Drugs, Copay, if separate | I39 | | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | H40 | | |
| | Non-Preferred Brand Drugs, Copay, if separate | I40 | | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | H41 | | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | I41 | | |
| Options for Additional Benefit Design Limits | | | | |
| | Specialty Rx Coinsurance Maximum | B46 | | |
| | Maximum Number of Days for Charging an IP Copay | B48 | | |
| | Number of Visits Before Beginning Primary Care Cost-Sharing | B50 | | |
| | Number of Copays Before Beginning Primary Care Deductible/Coinsurance | B52 | | |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking | | | |
|---|---|-----------------------|--|
| | | | |
| SERFF Filing #: AETN-128972263 | | | |
| Company Name: Aetna Life Insurance Company | | | |
| Form Number(s) of Plan: G2HIXGR-96792-SB 01, G2GR-96814-SB 01 | | | |
| | | | |
| | Input Name | Cell in AV Calculator | Input Value Used |
| | | | Corresponding Page Number where value can be found |
| | HSA/HRA Options | | |
| | Annual Contribution Amount | E4 | N/A |
| | Narrow Network Options | | |
| | 1st Tier Utilization | H4 | N/A |
| | 2nd Tier Utilization | H5 | N/A |
| | Plan Benefit Design | | |
| Tier 1 | Deductible (\$) (Medical) | B10 | \$0.00 |
| | Deductible (\$) (Drug) | C10 | \$0.00 |
| | Deductible (\$) (Combined) | D10 | \$0.00 |
| | Coinsurance (% , Insurer's Cost Share) (Medical) | B11 | 70% |
| | Coinsurance (% , Insurer's Cost Share) (Drug) | C11 | 100% |
| | Coinsurance (% , Insurer's Cost Share) (Combined) | D11 | |
| | OOP Maximum (\$) | B12 | \$5,000.00 |
| | OOP Maximum if Separate (\$) (Medical) | B13 | \$5,000.00 |
| | OOP Maximum if Separate (\$) (Drug) | C13 | \$0.00 |
| | | | |
| Tier 2 | Deductible (\$) (Medical) | F10 | |
| | Deductible (\$) (Drug) | G10 | |
| | Deductible (\$) (Combined) | H10 | |
| | Coinsurance (% , Insurer's Cost Share) (Medical) | F11 | |
| | Coinsurance (% , Insurer's Cost Share) (Drug) | G11 | |
| | Coinsurance (% , Insurer's Cost Share) (Combined) | H11 | |
| | OOP Maximum (\$) | F12 | |
| | OOP Maximum if Separate (\$) (Medical) | F13 | |
| | OOP Maximum if Separate (\$) (Drug) | G13 | |
| | | | |
| | Medical Benefits | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | |
| | Emergency Room Services, Copay, if separate | E18 | \$300.00 |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | 70% |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | \$30.00 |
| | Specialist Visit, Coinsurance, if different | D21 | |
| | Specialist Visit, Copay, if separate | E21 | \$50.00 |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | \$25.00 |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | \$300.00 |
| | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | |
| | Rehabilitative Speech Therapy, Copay, if separate | E27 | \$50.00 |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | \$29.16 |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | \$15.00 |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | |
| | X-rays and Diagnostic Imaging, Copay, if separate | E33 | \$50.00 |
| | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | 70% |
| | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 70% |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | 72% |
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | |
| | | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | |
| | Emergency Room Services, Copay, if separate | I18 | |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | |
| | Specialist Visit, Coinsurance, if different | H21 | |
| | Specialist Visit, Copay, if separate | I21 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | |
| | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | |
| | Rehabilitative Speech Therapy, Copay, if separate | I27 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | |
| | X-rays and Diagnostic Imaging, Copay, if separate | I33 | |
| | Skilled Nursing Facility, Coinsurance, if different | H34 | |
| | Skilled Nursing Facility, Copay, if separate | I34 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | |

| | | | | |
|--|---|-----|----------|--|
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | I36 | | |
| Drug Benefits | | | | |
| Tier 1 | Generics, Coinsurance, if different | D38 | | |
| | Generics, Copay, if separate | E38 | \$15.00 | |
| | Preferred Brand Drugs, Coinsurance, if different | D39 | | |
| | Preferred Brand Drugs, Copay, if separate | E39 | \$50.00 | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | D40 | | |
| | Non-Preferred Brand Drugs, Copay, if separate | E40 | \$100.00 | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | D41 | | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | E41 | \$300.00 | |
| Tier 2 | Generics, Coinsurance, if different | H38 | | |
| | Generics, Copay, if separate | I38 | | |
| | Preferred Brand Drugs, Coinsurance, if different | H39 | | |
| | Preferred Brand Drugs, Copay, if separate | I39 | | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | H40 | | |
| | Non-Preferred Brand Drugs, Copay, if separate | I40 | | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | H41 | | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | I41 | | |
| Options for Additional Benefit Design Limits | | | | |
| | Specialty Rx Coinsurance Maximum | B46 | | |
| | Maximum Number of Days for Charging an IP Copay | B48 | | |
| | Number of Visits Before Beginning Primary Care Cost-Sharing | B50 | | |
| | Number of Copays Before Beginning Primary Care Deductible/Coinsurance | B52 | | |

| Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking | | | |
|---|---|-----------------------|--|
| | | | |
| SERFF Filing #: AETN-128972263 | | | |
| Company Name: Aetna Life Insurance Company | | | |
| Form Number(s) of Plan: G3HIXGR-96792-SB 01, G3GR-96814-SB 01 | | | |
| | | | |
| | Input Name | Cell in AV Calculator | Input Value Used |
| | | | Corresponding Page Number where value can be found |
| HSA/HRA Options | | | |
| | Annual Contribution Amount | E4 | N/A |
| Narrow Network Options | | | |
| | 1st Tier Utilization | H4 | N/A |
| | 2nd Tier Utilization | H5 | N/A |
| Plan Benefit Design | | | |
| Tier 1 | Deductible (\$) (Medical) | B10 | \$0.00 |
| | Deductible (\$) (Drug) | C10 | \$0.00 |
| | Deductible (\$) (Combined) | D10 | \$0.00 |
| | Coinsurance (% , Insurer's Cost Share) (Medical) | B11 | 89% |
| | Coinsurance (% , Insurer's Cost Share) (Drug) | C11 | 100% |
| | Coinsurance (% , Insurer's Cost Share) (Combined) | D11 | |
| | OOP Maximum (\$) | B12 | \$5,000.00 |
| | OOP Maximum if Separate (\$) (Medical) | B13 | \$5,000.00 |
| | OOP Maximum if Separate (\$) (Drug) | C13 | \$0.00 |
| | | | |
| Tier 2 | Deductible (\$) (Medical) | F10 | |
| | Deductible (\$) (Drug) | G10 | |
| | Deductible (\$) (Combined) | H10 | |
| | Coinsurance (% , Insurer's Cost Share) (Medical) | F11 | |
| | Coinsurance (% , Insurer's Cost Share) (Drug) | G11 | |
| | Coinsurance (% , Insurer's Cost Share) (Combined) | H11 | |
| | OOP Maximum (\$) | F12 | |
| | OOP Maximum if Separate (\$) (Medical) | F13 | |
| | OOP Maximum if Separate (\$) (Drug) | G13 | |
| | | | |
| Medical Benefits | | | |
| Tier 1 | Emergency Room Services, Coinsurance, if different | D18 | |
| | Emergency Room Services, Copay, if separate | E18 | \$300.00 |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | D19 | 90% |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | E19 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | D20 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | E20 | \$30.00 |
| | Specialist Visit, Coinsurance, if different | D21 | |
| | Specialist Visit, Copay, if separate | E21 | \$50.00 |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | D22 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | E22 | \$25.00 |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | D24 | |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | E24 | \$300.00 |
| | Rehabilitative Speech Therapy, Coinsurance, if different | D27 | |
| | Rehabilitative Speech Therapy, Copay, if separate | E27 | \$50.00 |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | D28 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | E28 | \$29.16 |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | D32 | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | E32 | \$15.00 |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | D33 | |
| | X-rays and Diagnostic Imaging, Copay, if separate | E33 | \$50.00 |
| | Skilled Nursing Facility, Tier 1, Coinsurance, if different | D34 | 90% |
| | Skilled Nursing Facility, Tier 1, Copay, if separate | E34 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | D35 | 90% |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | E35 | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | D36 | 85% |
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | E36 | |
| | | | |
| Tier 2 | Emergency Room Services, Coinsurance, if different | H18 | |
| | Emergency Room Services, Copay, if separate | I18 | |
| | All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different | H19 | |
| | All Inpatient Hospital Services (inc. MHSA), Copay, if separate | I19 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different | H20 | |
| | Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate | I20 | |
| | Specialist Visit, Coinsurance, if different | H21 | |
| | Specialist Visit, Copay, if separate | I21 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different | H22 | |
| | Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate | I22 | |
| | Imaging (CT/PET Scans, MRIs), Coinsurance, if different | H24 | |
| | Imaging (CT/PET Scans, MRIs), Copay, if separate | I24 | |
| | Rehabilitative Speech Therapy, Coinsurance, if different | H27 | |
| | Rehabilitative Speech Therapy, Copay, if separate | I27 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different | H28 | |
| | Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate | I28 | |
| | Laboratory Outpatient and Professional Services, Coinsurance, if different | H32 | |
| | Laboratory Outpatient and Professional Services, Copay, if separate | I32 | |
| | X-rays and Diagnostic Imaging, Coinsurance, if different | H33 | |
| | X-rays and Diagnostic Imaging, Copay, if separate | I33 | |
| | Skilled Nursing Facility, Coinsurance, if different | H34 | |
| | Skilled Nursing Facility, Copay, if separate | I34 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different | H35 | |
| | Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate | I35 | |
| | Outpatient Surgery Physician/Surgical Services, Coinsurance, if different | H36 | |

| | | | | |
|--|---|-----|----------|--|
| | Outpatient Surgery Physician/Surgical Services, Copay, if separate | I36 | | |
| Drug Benefits | | | | |
| Tier 1 | Generics, Coinsurance, if different | D38 | | |
| | Generics, Copay, if separate | E38 | \$15.00 | |
| | Preferred Brand Drugs, Coinsurance, if different | D39 | | |
| | Preferred Brand Drugs, Copay, if separate | E39 | \$50.00 | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | D40 | | |
| | Non-Preferred Brand Drugs, Copay, if separate | E40 | \$100.00 | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | D41 | | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | E41 | \$300.00 | |
| Tier 2 | Generics, Coinsurance, if different | H38 | | |
| | Generics, Copay, if separate | I38 | | |
| | Preferred Brand Drugs, Coinsurance, if different | H39 | | |
| | Preferred Brand Drugs, Copay, if separate | I39 | | |
| | Non-Preferred Brand Drugs, Coinsurance, if different | H40 | | |
| | Non-Preferred Brand Drugs, Copay, if separate | I40 | | |
| | Specialty Drugs (i.e. high-cost), Coinsurance, if different | H41 | | |
| | Specialty Drugs (i.e. high-cost), Copay, if separate | I41 | | |
| Options for Additional Benefit Design Limits | | | | |
| | Specialty Rx Coinsurance Maximum | B46 | | |
| | Maximum Number of Days for Charging an IP Copay | B48 | | |
| | Number of Visits Before Beginning Primary Care Cost-Sharing | B50 | | |
| | Number of Copays Before Beginning Primary Care Deductible/Coinsurance | B52 | | |